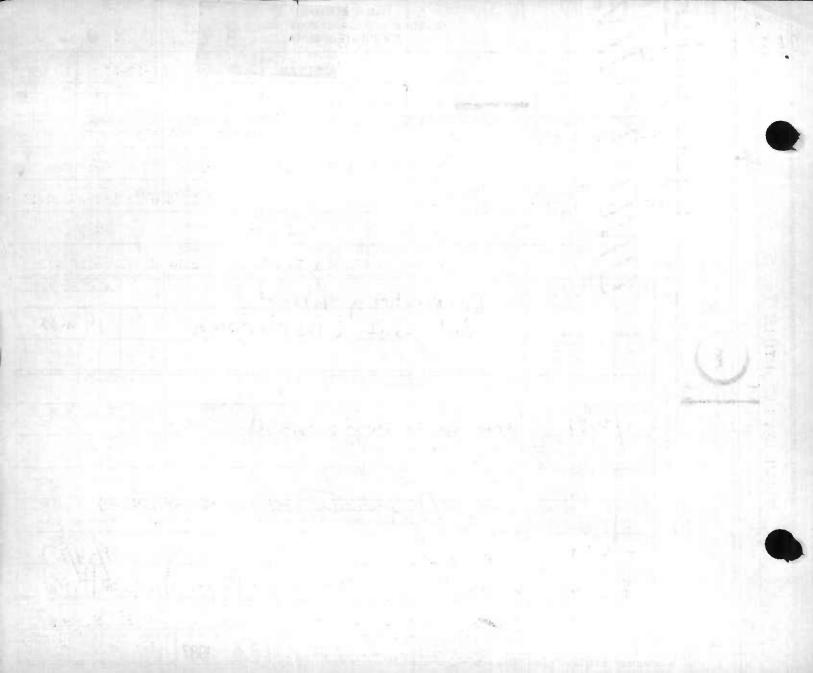
	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8
12879 FFR	REGISTRAR CERTIFICATE OF DEATH REG. NO.
m e e	QECLEASED NAME FRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR (17PE OR PRINT) SUSAN RHAMTIN ADELMAN 01-22-87 12 45PM
poge deat	
ge 4 me ector, p rrs ofter	Female 4. RACE PACTITE IS IN INC. DATE OF BIRTH August 11, 1949 6. AGE (IN YEARS LAST BIRTHDAY) WONTHS DAYS HOURS MIN. 15 UNDER 1 YEAR 18 UNDER 1 YEAR 18 UNDER 24 HRS WONTHS DAYS HOURS MIN.
eoth. Po	BIRTHPLACE (STATE ON FOREIGN 76 CITIZEN OF WHAT COUNTRY? AMARRIED WINDOWED DIVORCED PRINCE GEORGE'S COUNTY OF DEATH WIDOWED DIVORCED PRINCE GEORGE'S COUNTY
of the first	CHEVERLY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION PRINCE GEORGE SO GENERAL HOSPITAL 120. USUAL OCCUPATION 121. NAME OF HOSPITAL INC. USUAL OCCUPATION PRINCE GEORGE SO GENERAL HOSPITAL 120. USUAL OCCUPATION 121. NAME OF HOSPITAL 121. NAME OF HOSPITAL 122. USUAL OCCUPATION 123. USUAL OCCUPATION 124. KIND OF BUSINESS OR 125. KIND OF BUSINESS OR 126. WORK FOR MOST OF WORKING LIFE INDUSTRY 127. USUAL OCCUPATION 128. USUAL OCCUPATION 129. USUAL OCCUPATION 120. USUAL OCCUPATION 120. USUAL OCCUPATION 120. USUAL OCCUPATION 120. USUAL OCCUPATION 121. WORK FOR MOST OF WORKING LIFE INDUSTRY 120. USUAL OCCUPATION 121. WORK FOR MOST OF WORKING LIFE INDUSTRY 120. USUAL OCCUPATION 121. WORK FOR MOST OF W
24 hour	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Maryland P.G. Mitchellville Mitchellvi
mpletely ond 2 sho	4. FATHER'S NAME Francis Deingin Candelaria MIDDLE Wes
n and co	Was deceased ever in u.s. armed forces? I66 Social Security No. 17 Informant ADDRESS No (1455, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES) 575-74-2611 Rodney L. Adelman (Husband) Same as #13
R NOTTFIED on that the depth certificate ond by the artworking physic physical property contain adapt offer thatmark event.	18 CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10-
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21 52137	38. BURIAL, CREMATION, REMOVAL 236. DATE 30 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)	Francis Gasch's Sons Funeral Home, P.A. A730 Baltimore Avenue Hvattsville, Md. 20781 FEB 3 1987



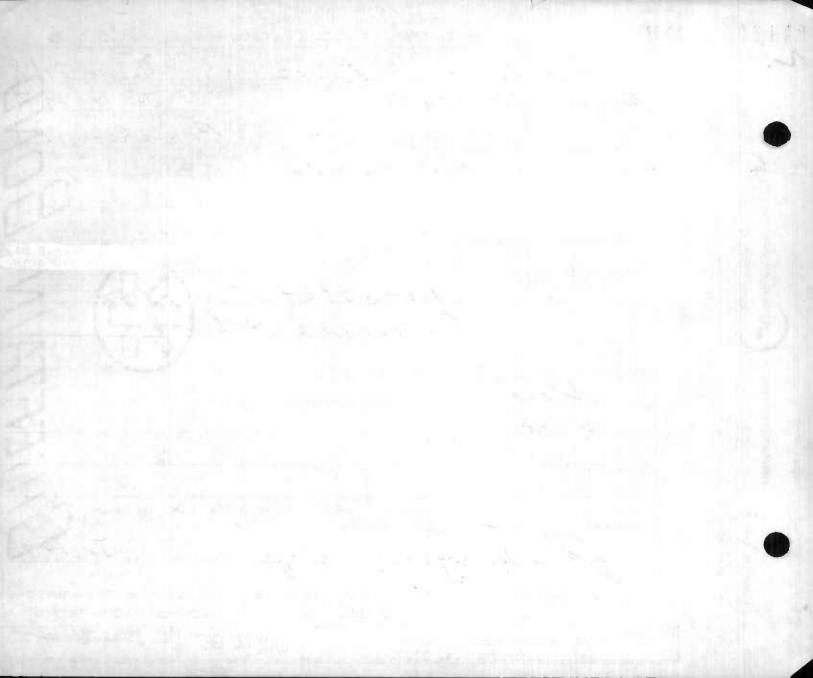
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN DEATH MATED & AGE (IN YEARS DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 23, 1927 DEAD 6 OR: Jan. A RIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED | DIVORCED Washington, D.C. USA Prince George's ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Parking Attended Cheverly Prince George's Hospital 136 COUNTY 113d INSIDE CITY LIMITS? 13e STREET ADDRESS 10235 Campus Way South Upper Marlbdr NO [Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Aikens Christmas Eugene Nanny The WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 7 INFORMANT (YES, NO, OR UNKNOWN) 579 36 3940 Saundra Bryant-daughter-562 Peabody 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Street, N.W. Wash. D GROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 217. LOCATION STREET, FACTORY, FARM, ETC 1 CITY OR TOWN WHILE AT WORK COUNTY 220. I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted from: Undetermined manner Hamicide TITLE (SPECIFY) Deputy MEDICAL EXAMINER Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD 73¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Buria Harmony Memorial Park Landover Maryland 07/B4 25M 24 FUNERAL DI DHMH - 17 Muneral Home-4001 Benning Road. (VR A15 ME (5)) Stewart

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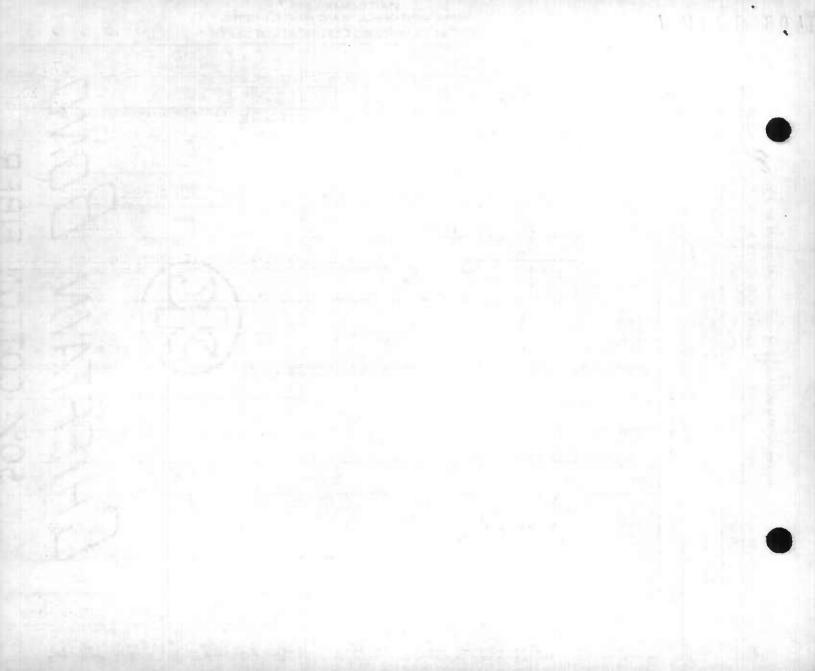
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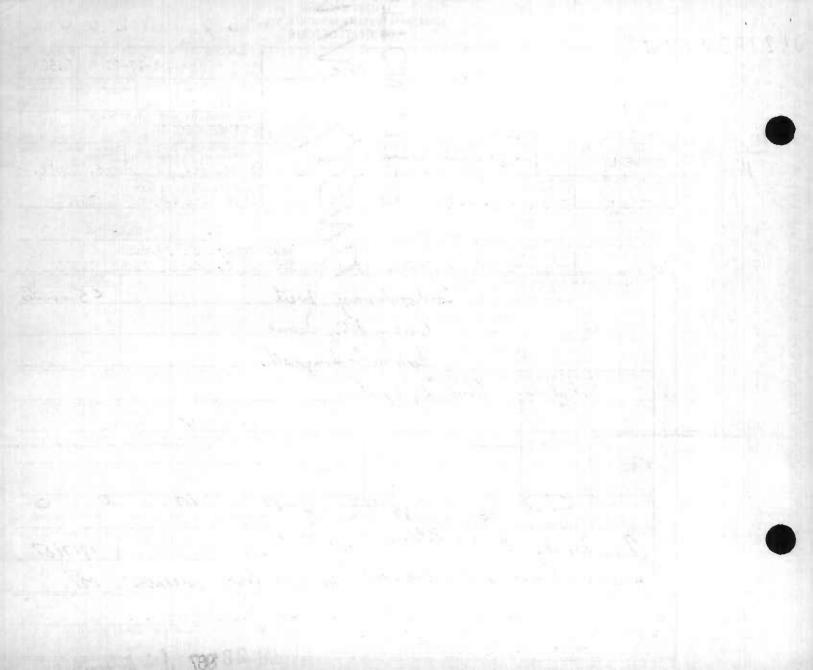
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 041260 JAN TIFICATE OF DEATH . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED DATE OF BIRTH 6 AGE (IN YEARS 2c DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY) FAMONT DIVORCED O CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION 1TYPE OF WORK ECRETARY CREDIT L STATE COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS ERMONT HUNTING TON YES [NO M RR A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE BASILIERE ANDA MMES MAY MUIR M. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS TYES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Pam Beheler same address as # CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). PRESTO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO DE 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.1 WHILE CITY OF TOWN COUNTY STATE AT WORK NOT WHILE AT WORK 220 I certify that I took charge of the remains described above, held an and in my apinion EXECUTE THE CERTIFICATION FOR THE CENTIFICATION FOR A SHOULD BE FOR TO FUNERAL DIRECTOR. AFTER DEATH, WITH THE BALLMORE, MARYLAND Autapsy Inspection death resulted fram: Notural couses Suicide L Homicide Undetermined manner TITLE (SPECIFY) John S. Rogers, M.D. TYPE OR PRINT ADDRESS. 230, BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Resurrection Park South Burlington, Vermont Jan. 17,1987 74 FUNERAL DIRECTOR NAME IVes-Pearson Funeral Homes 250. DATE REGID BY REGISTRAR JOB REGISTRAR'S SIGNATURE (VR A15 ME (5)) Arlington, Va. 22201



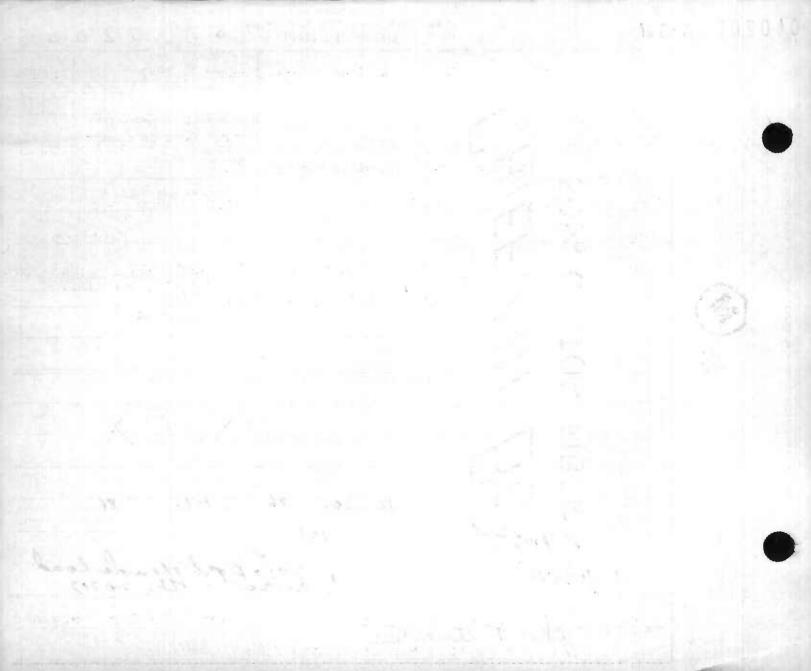
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME DATE KNOWN & 7h HOUR (TYPE OR PRINT) ESTI-ROULT 1987 COLLEEN DEATH MATED BARRON 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 10:10 30, 1986 Dec. Female. Cauc. 1987 DEAD To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X U.S.A. Washington, D.C. WIDOWED DIVORCED Prince George's County II. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Never Worked NONE Cheverly Prince George's General Hosp. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 138 COUNTY 13d. INSIDE CITY LIMITS? | 4421 39th Street, 20722 Prince George' Maryland Brentwood YES TA NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ANDDI F Rou1t Maureen Joseph Barron 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) Joseph R. Barron, Father, Same as line 13 None No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Coarctation of aorta DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES S NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 71d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME If LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK X 22a I certify that I logic are of the remains described obove, held on death resulted from Undetermined monner TITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTMORE, N M.D. Assistant 1 - 4 - 87SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Køkes, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) ADDRESS 730 BURIAL, CREMATION, REMOVAL 736, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation 1 - 6 - 87Metropolitan Crematory Alexandria, Virginia 07/B4 25M 24 FUNERAL DIRECTOR Francis Gasch's Sons, P.A. 1256 REGISTRAR'S SIGNATURE **DHMH** - 17 4739 Baltimore Ave., Hyattsville, Md. 20781 (VR A15 ME (5))





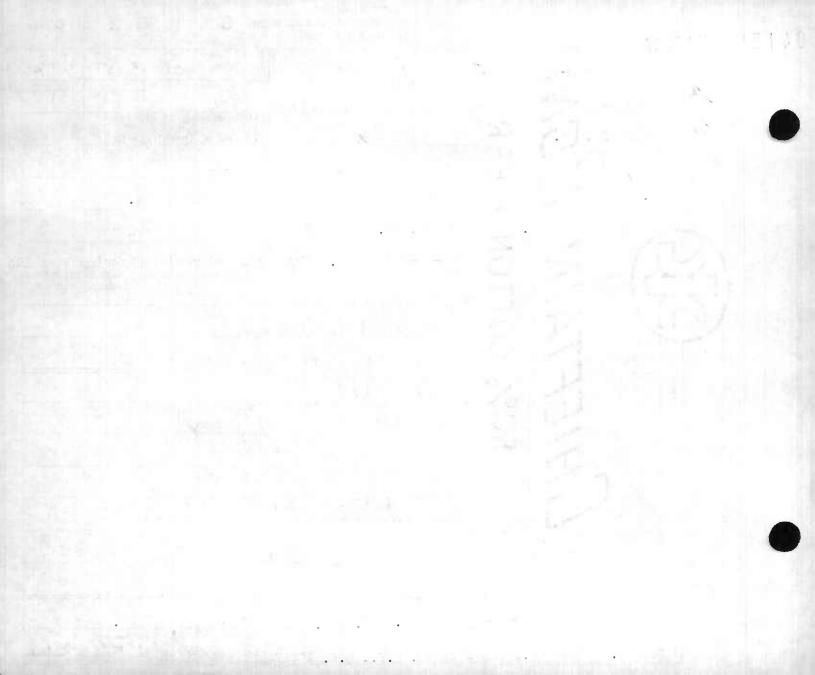
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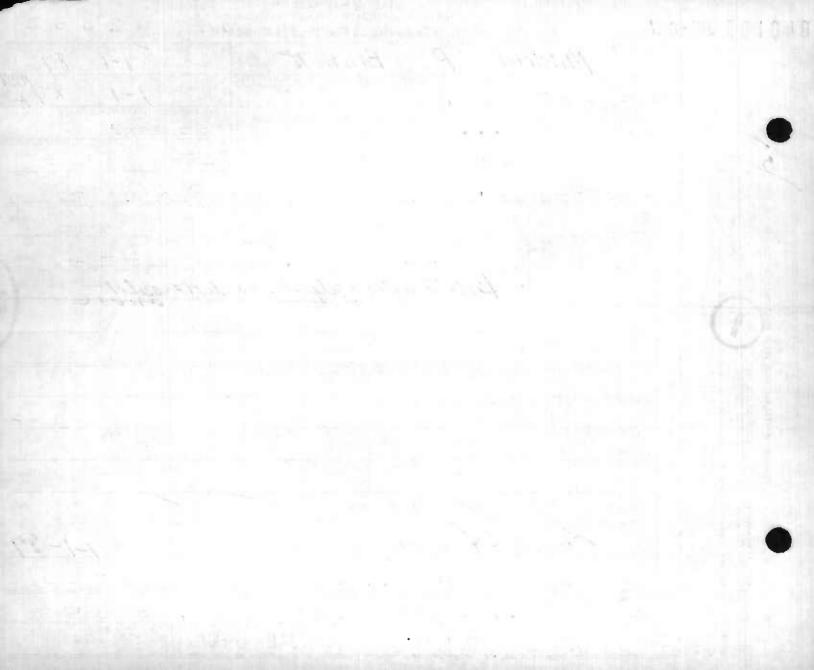


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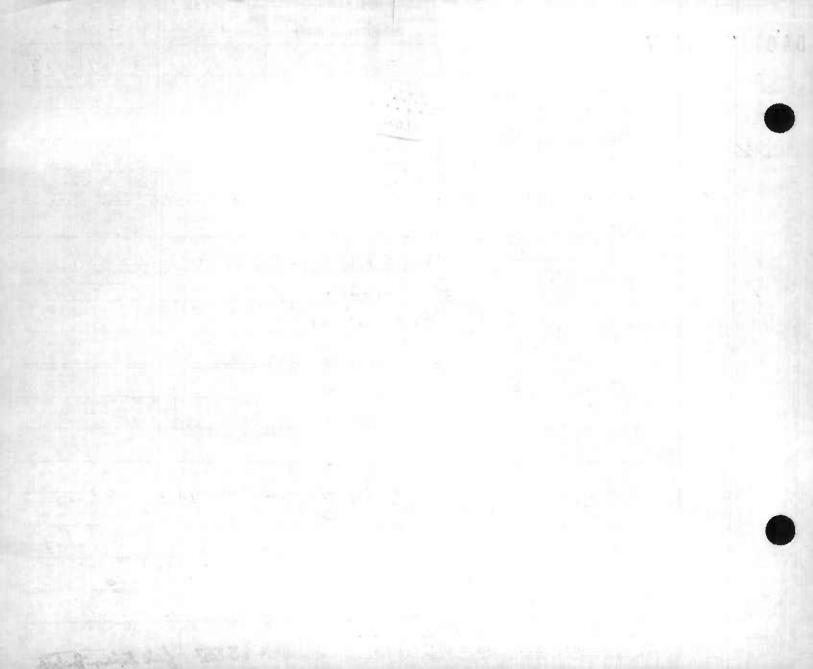
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BALTIMORE	F PAGE FOR 1	16a V		EVER IN U.S. ARM		16b. SOCIAL SECU		17. INFORMANT		on ADI	DRESS	207202	
5	SAFER GIVE PA	(1)	NO.	(IF YES, GIVE W	AR OR DATES)	578-62-26	20	Paul M.			ame as	13 a-e	
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DIVISION	DE SES	NE S	214 INJURY OF			OF INJURY (AT HOME TORY, FARM, ETC.)		CATION		CITY OR TOWN	C	OUNTY	STATE
٥	E, WRIT EWARD EWARD PAGE STATE		AT WORK	AT WORK									
			22a. I certify	that I took charge	of the remains de	senbed above, held a	n Autop	sy . Inspe	ection ,	Inquiry .	and in my o	apinian	
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0407043	Ind I		EASED NAME	FIRST		MIDDLE	l.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR 12
4 89			EV	ELI	IN	D.	BE	RLIN		1 3	87	12 AM
2 8 1		3. SEX			4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	HDAY) IF	UNDER I YEAR	IF UNDER 74 HRS
ag of a section		F	emale		Caucas	ian	Oct.	26, 1909	77	YRS	DAYS	HOURS I MIN.
2 52 5	10		CTHPLACE (STATE OR F	OREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MARDIE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY O	FDEATH	
1 1 6	20	M	innesota		U.S.A.		WIDOWE	DIVORCED	Prince Geo	rge's		MD.
201	20	10 CI	TY OR TOWN OF DEA	TH	11. NAME OF I	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATE		126 KIND OF	F BUSINESS OR
50 50 50	10		ielphi		Presid				Secretary	Ca	tholic	Charities
4 hours of be	10	130 S	L RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	13c. CITY OR TOW	E ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	2000	74 4499
AND 124	1	_	ash. D.C.	N/A		Wash. D.	.C.	YES NO	3504 White		Pkwy,	N.W.
RYL within		14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WIDDLE		LASI	
AM by due	2/	H	jalmar			Brown		Josephine		St	wenson	
RE,	9		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	SS		
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in poers. Pages 1 and 2 should be 1 wol.	5	No		(IF 123, OIV	E WAR ON DATES	476-14-2	2875	Philip D. Be	rlin, Same	as Lin	e #13	
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Trifice	- C	-	PART I DEATH W		E CAUSE (a)	Kne	e um.	onia				
or re	310		912			R AS A CONSTOU	ENCE OF	/.				
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by by cree	5		underlying couse	lost.	((0)	N N C O N O C G O						
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bee bee	-	CAT	190 DATE OF OPERA	NON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY2	20b. IF YES, V IN CERTIFYIN	VERE FINDIN	IGS USED
ALR he li hos t pe		TIF			9203				YES NO.	YES [NO [
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F = 0 0 + L	99		sow the decree	d olive on	I view the body		, 01	nd that ir my (our) opinion o	death accurred on the do	ite and hour o	nd from the o	causes stated
OR AT OR AT DIRECT Sched for	8/		17% SIGNATURE	0	, -t	0.00	1	DEGREE			220 DAJE	SIGNED
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DIVISION OF VITAL RECORDS,	. o e o .	oluf .	CERTIFICATION									
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TIN Z	cote core	50	CER	210. ACCIDENT WAS UNDERLYING		OF INJURY	DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	OR PART 2)	
Q N	g ph ertificiol-tr	E a	AL	OR CONTRIBUTING CAUSE OF DE	ain	P.M.	DAY YEAR					
NO HYS	his c	5	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION	CITY OR TO		OUNTY	STATE
NIS G	offer the s the	paked	X	AT WORK AT WORK	(AT HOME, S	TREET, FACTORY, OFFICE	, FARM, ETC)	21KEE1	CITORIO		001411	31416
9	or Se o	e e		220.1 certify that (4) (this hosp	ital) ottended t	he deceased from	90	Croper 19 86	10 28 AU	M 19 8	31_, the	ot th (we) lost
TTEN	TOR for u	21 13		saw the deceased alive a obove, (I) (wattdid) (did n		ec 19.	8b_, or	d that in ((our) opinion	death accurred on the do	te and hour and	from the cou	ises stoted
OR A	hed hed ept.	te a		22b. SIGNATURE	ori view the bod	y otter deom.		DEGREE			22c. DATE SIG	GNED
T O	the Date Date Date Date Date Date Date Dat	*		Tabue	D	anda .	min	ATTENDING PHYSICIAN	MEDICAL STAF	FIANT	28 000	187
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2	of Or of w	<u> </u>	23a B	URIAL, CREMATION, REMOVA			NAME OF C	METERY OR CREMATORY	23d. LOCATION	_		
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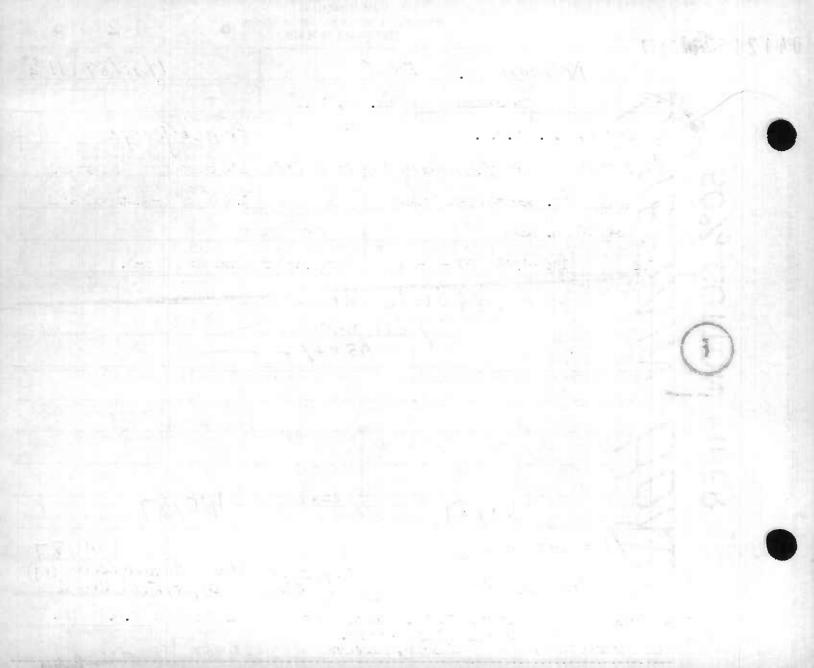
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(VRA 15, 4)

STATE OF MARYLAND

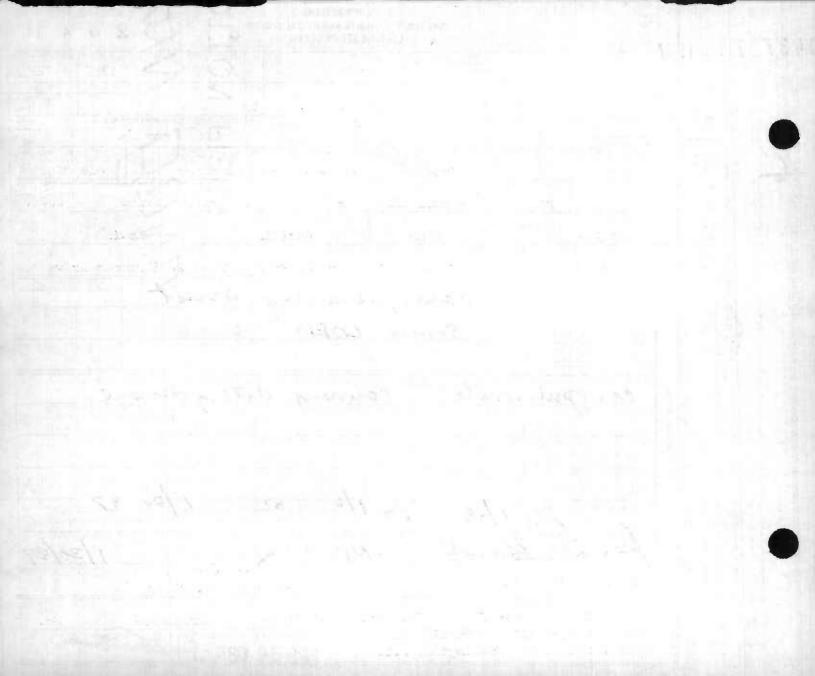
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les !		CONTRIBUTION NAME FIRST		E. Z	Best	AST		MONTH DAY 10/	YEAR 87	113 113	3
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9	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.A	M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	OR PART 2)		
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84		INERAL DIRECTOR 6633	Old Ale	exander 1	Ferry	Rd. 250 DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATU	JRE	
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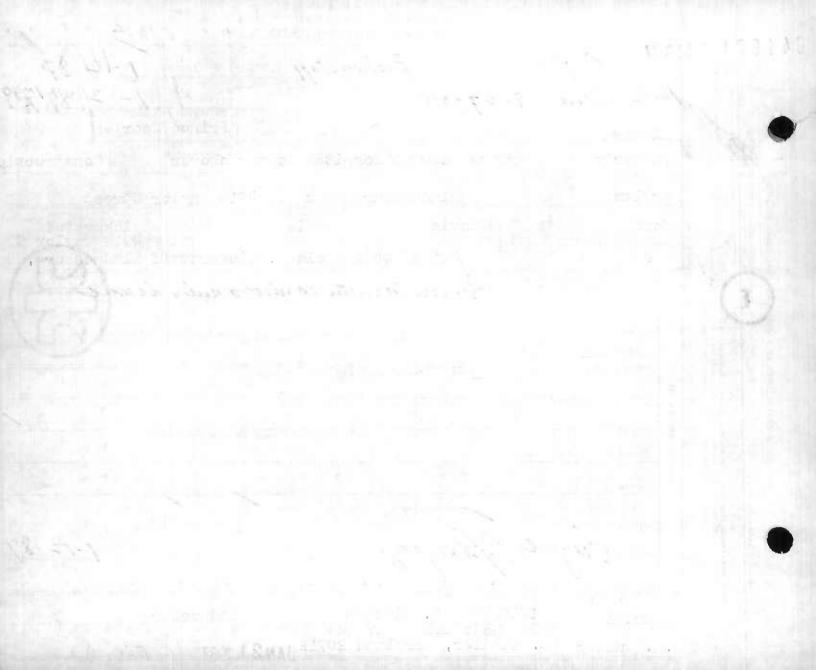
STATE OF MARYLAND

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	STATE OF MARYLAND	
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ge 4 may be ectar, page rs ofter deal	SEX MALE 4. RACE BLACK 5. DATE OF BIRTH MONTH DAY YEAR MARCH 7, 1913 73 YRS 4. RACE BLACK 5. DATE OF BIRTH MONTH DAY MONTHS DAYS HOURS 73 YRS	24 HRS MIN.
nerol dir.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA USA **MARRIED ** NEVER MARRIED ** Prince George's **MORRIED ** DIMORCED ** **Prince George's** **Prince George's**	M
Sign in	Lanham 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Doctors Hospital of Pr. Geo. Co. (TYPE OF WORK FOR MOST OF WORKING 18FE) Cole Min	
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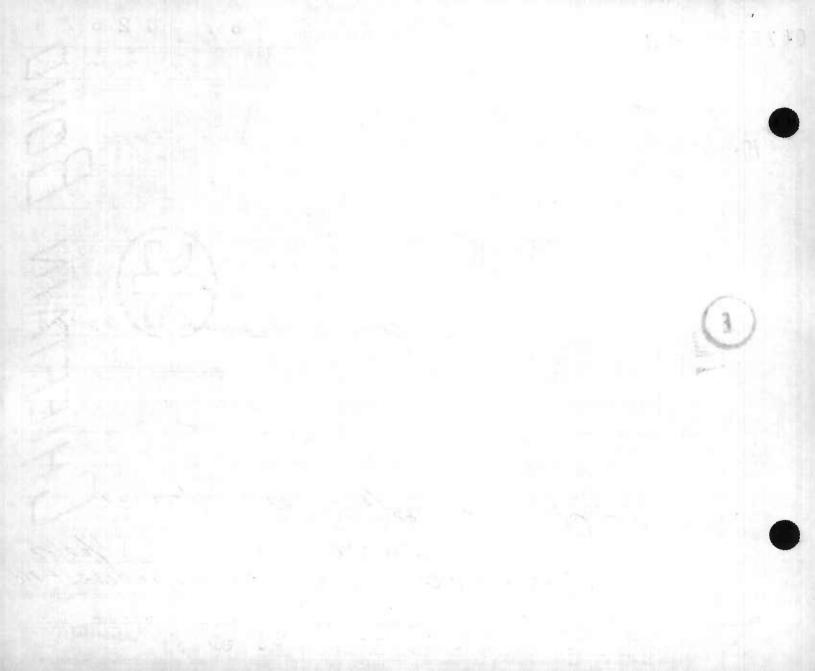
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TE OF ESTI-6 AGE (IN YEARS DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED DEAD 70 BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince Georges Alabama CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK "Georges" Hospital Cent Cheverly Construct 13b COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS PG arvland Bladnesburg Taylor Street FATHER'S NAME 15. MOTHER'S MAIDEN NAME ANDOLE Jeff Bickerstaff Addie Davis ADDRESS 4914 Taylor ST 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (YES NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 38 Weola J. Bickerstaff Bladnesburg, MD 18. CAUSE OF DEATH (Enter only one cause per lightar (a), (b), and (c) PART I DEATH WAS CAUSED BY: und Delevotes Cardiovanules desent Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 214 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 22a I certify that I took charge of the remains desembed above, held an Autopsy Inspection and in my apinian death resulted from: Natural causes Hamicide Undetermined monner FUNERAL DE TER DE ATH, WETIMORE, M MEDICAL EXAMINER ADDRESS 5009 Rayburn Ct , Temple Hills, MD P. Rodr Vguez, M.D. Augusto 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION STATE Ft. Lincoln Bladnesburg Burial 07/84 25M Island Avenue 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR DHMH - 17 Rainier, Maryland 20712 .M. Dudley (VR A15 ME (5))



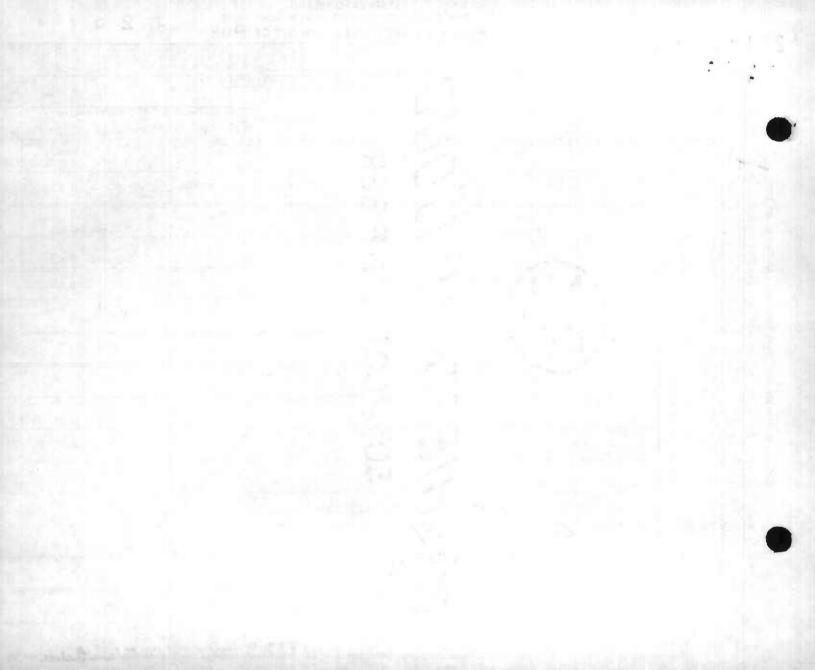
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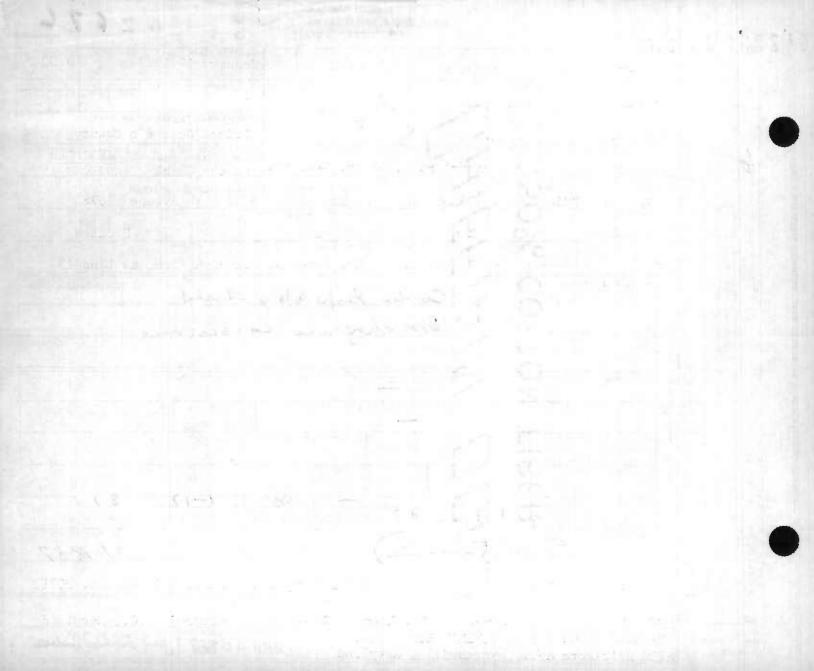
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OT of short with MAP		BURIAL, CREMATION, REMO	VAL 23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
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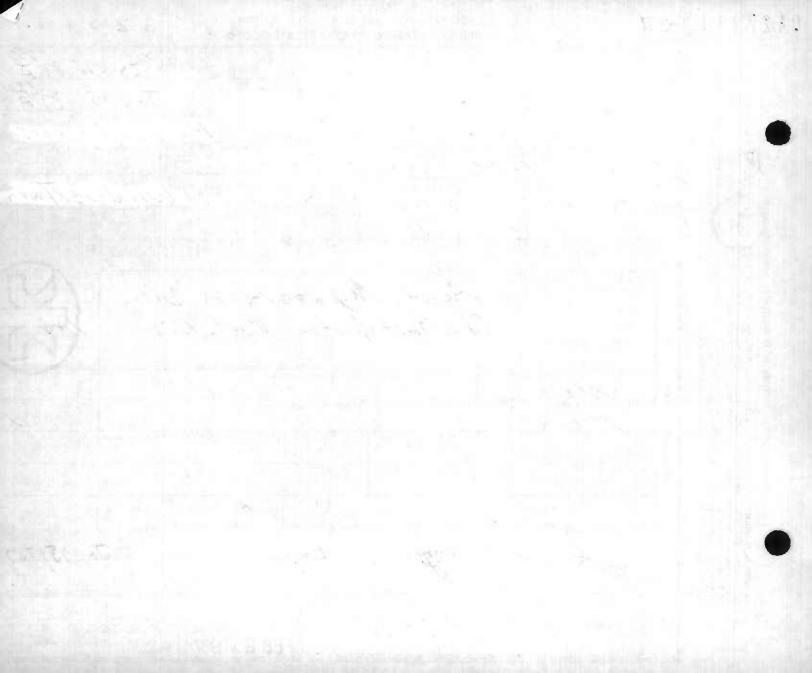


MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DEGEASED NAME		FOR	Film G624 i	tem 14, 15	DEPART		OF MARYLA		CIENIE		49	7 7	3
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The County Process P	Į										F	Automo	bile
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AT WORK AT WORK home 3201 Floral Park, Accokeek, Pr.Geo., Md. 22a Leeply their trudy interpretations described above, held an Autapsy X. Inspection Inquiry and in my apinion death resulted from lower courses, Accident X. Suicide Hamicide Undetermined manner TITLE (SPECIFY) M.D. Chief MEDICAL EXAMINER SIGNED 1/31/87 EXAMINER'S INTERMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY CITY OF TOWN COUNTY STATE Burial 2-4-87 Trinity Memorial Waldorf Chas. Md.	1	5 21d	NILIRY OCCURRED	171+ PLAC	E OF INJURY	(AT HOME,	II. LOCATION	V ALC L					
23a BURIAL CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) BURIAL 24-87 Trinity Memorial Waldorf Chas. Md.	1	AT \	VORK AT WORK	E W	1.	Pa.)		oral P					_
death resulted trained	j			/ /	described aba	ive, held an	[37]						
M.D. Chief MEDICAL EXAMINER SIGNED 1/31/87 EXAMINER'S LAME John E. Smialek, M.D. ADDRESS 111 Penn St. 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 2-4-87 Trinity Memorial Waldorf Chas. Md.			(\/	richural couses .		Rr]					, 00		
EXAMINER'S LIFE John E. Smialek, M.D. ADDRESS 111 Penn St. 230. BURIAL, CREMATION, REMOVAL 236. DATE 230. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 2-4-87 Trinity Memorial Waldorf Chas. Md.	į	100	ge	21/ 2	0	//	,						
EXAMINER'S John E. Smialek, M.D. ADDRESS 111 Penn St.		SIG	NATURE / /	Xun	ale	J - 1-	m.o. Chi	ef	MEDICAL EXAM	AINER		1/3	31/87
230 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE Burial 2-4-87 Trinity Memorial Waldorf Chas. Md.	2	EXA	AINER'S HAME	Tohn F Cm	ialek	/		111	Donn Ch				
Burial 2-4-87 Trinity Memorial Waldorf Chas. Md.	2			~				111		•			
ALCONICAL DIRECTOR		(SPECIFY								f Ch			TATE
Huntt Funeral Home Waldorf, Md. 20601 FF8 3 4007 1		Hunt	t Funera					FFR	3 4007	1.0	pu 8 1	See Can	





STATE OF MARYLAND 042725 FEB DECEASED NAME DATE KNOWN (TYPE OR PRINT) OF ESTI-Bohan Mary Connor AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED Lemale 7a BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. U.S.A. Prince Georges WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Owe Houdy of Bowie 2531 Windover Turn Secretary Mercu Church USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INST 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Windover Turn Prince Georges Bowie Condron John Connor Mary 13273 Bluhill Road Silver Spring Md 20906 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 of 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINES NAME John S. Rogers. M.D. 1919 Seminary Rd., Silver Spring, Md. 230 BURIAL CREMATION REMOVAL 236 DATE Burial Jan. 29, 1987 St. Gabriel's Cemetery Potomac, Montgomery, Maryland 07/84 25M Francis J. Collins, Jr. 24 FUNERAL DIRECTOR **DHMH - 17** Calie Davidson Bradall 500 University Blvd. West, Silver Spring, Md. (VR A15 ME (5))



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DEPARTMENT	0	F	HE	Al	.TH	ANI	0 1
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LAND) MENTAL HYGIENE DEATH

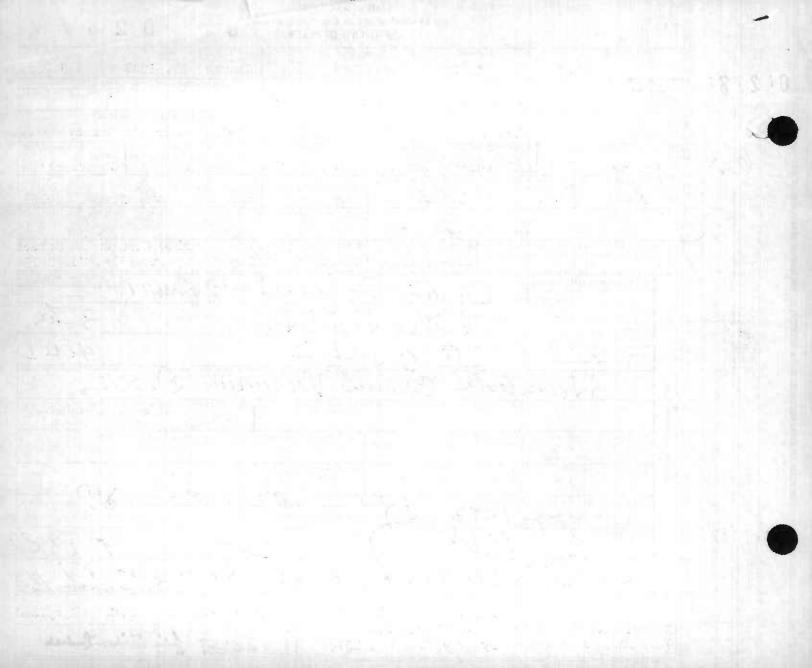
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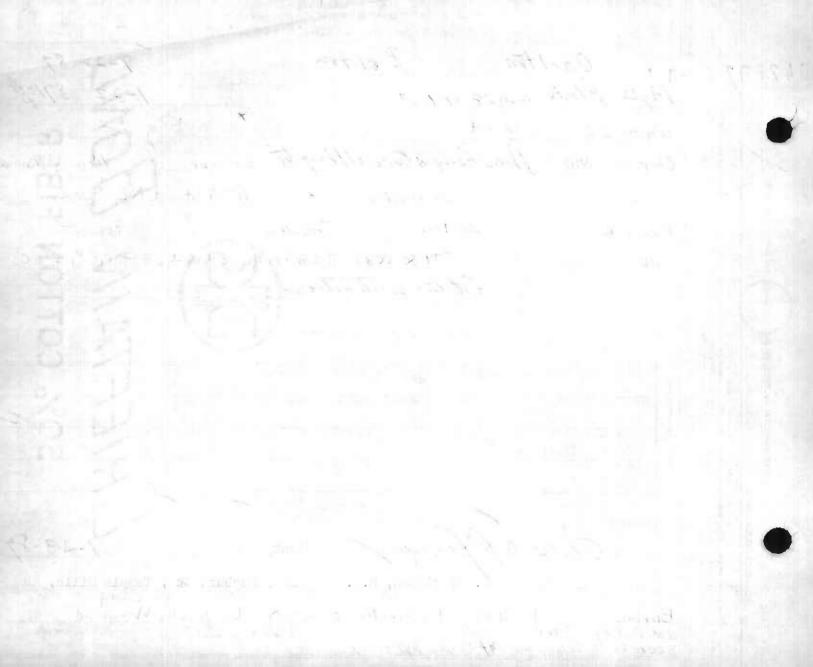
		CEASED NAME FIR	151		AIDDLE	ı	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1	TYPE	OR PRINT) Luci	11le	G		BOH	KEY		January	13	1987	5:35 P
	3 SEX	(4.	RACE		5 DATE C			6 AGE (IN YEARS LAST BIR	THDAY}	MONTHS DAYS	IF UNDER 24 HRS
		FEMALE		WHI	TE	JAN	0.0	1884	102,	YRS.	MONTHS DATS	MIN,
1		RTHPLACE I STATE OF FOREK	SN 76	CITIZEN OF	WHAT COUNTRY?	8	D NEVER	1_	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
2		EST VIREINIA	1	u. :	S-A	WIDOWE	D 🔯 D	IVORCED	xMonteon	exxx 6	x Pr.	Geo. MD.
0		TY OR TOWN OF DEATH	/ 1		OSPITAL, NURSIN		OR OTHER IN	NOITUTITE	170 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	WORKING		F BUSINESS OR
-	100	Adelphi		Hill	Haven Nu	rsing	Home		4. P. N. (RET.		SING
2		AA D	COUNT	1	13c CITY, OR TOW		134 INSIDE	CITY LIMITS?	13e STREET ADDRESS	ZIP COL	DE _	20901
2			MON	T	SILVER SI	PRING	YES 🗌	NO 🗌		NCHES	STER RY	5-0/0/
	l∮⊩BA	THER'S NAME FIRST	ME	DDLE	LAST		15 MOTHER	'S MAIDEN NAM	AE MIDDLE		LAS	st
10	1	JAMES			MITCH	HELL	3	ENNIE				
5		VAS DECEASED EVER IN U		ED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORM		ADDRI		, ,	. 40
6	1	No			218-30-	3553	ELVA	L. DUFF	1377 6	SF.CKN	EL AVE.	ODENTON. MO
		18 CAUSE OF DEATH (E	nter only	one couse per	line for (o), (b), or	nd Ich					APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS C		BY: CAUSE (o)	Acut	e pne	umonit	is			One '	week
		1000			R AS A CONSEQU	ENCE OF	ATTUT.		Section 1			
		Conditions, if any, wh	ich		R AS A CONSEGO	ENCE OF						
		gove rise to immedia	ote) IP)—	2 . 6 . 60 . 165011	ENGE OF						
			ost	[c)	r as a consequ	ENCEOF						
		PART 2 OTHER SIGNIFIC	ANT CO		ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR CON	DITION G	IVEN IN PART III	0
	NO		Ca	ardiac	arrhythm	ia.	Rena1	failure				
	CERTIFICATION	190 DATE OF OPERATION	1	196 COND	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?		ES, WERE FINDIN	
1	TIFIC								YES NO NO		IFYING CAUSES	NO [
_	CER	710 ACCIDENT WAS UNDERLY	ING	216 TIME O			21c HOW I	NJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
1		OR CONTRIBUTING CAUSE			M. MONTH D	AY YEAR	Sala -					
	MEDICAL	21d INJURY OCCURRED	XAMINER	P.: 21e PLACE		19	211 LOCAT					
	ME	WHILE NOT WHILE		(AT HOME STR	REET, FACTORY, OFFICE	FARM ETC)	STRE	T	CITY OR TO	WN	COUNTY	STATE
		22s I certify that (I) (this	hospita) ottended th	e deceased from	11 Ta	nuary	10 8#	to 13 Janu	arv	19_87_	that (I) (we) lost
		saw the decensed of	live on .	13 Janu	lary 10	07) (our) opinion d	leath accurred on the d	-		- ' '
		above, It (we) iddit	did sof)	view the body	after death.		DEGREE				77c. DATE	SIGNED
		asl	1	How	man			ATTENDING	MEDICAL STA			Jan. 1987
1		27d, PHYSICIAN'S NAME	CTYPE OR P				22e ADDRE		DIRECTOR PHYSIC	IAN	1-5.	
1					· D				sbury Rd.,	River	dala M	n 20737
-		Carl J.								KIVEI	dare, n	20737
		BURIAL, CREMATION, REM	OVAL	236. DATE	0000 .3			CREMATORY	23d LOCATION		COUNTY	STATE
Ø		Bureax		Jan . 16.	178/180	mains	KS.D.A.	musch a	m. Kilma	rnock		Va

DHMH - 16 60M 7/84 (VRA 15, 4)

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					MARYLAND		
1	11-	FOR STATE		DEPARTMENT OF HEALT		34 3	12080
		REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE O	F DEATH REG.	NO.
		CEASED NAME FIR	ST	MIDDLE	LAST	20 DATE KNOWN	MONTH DAY YEAR 26 HOUR
01.200000000000000000000000000000000000	0	Car	rlton	DO1	ton	OF ESTI- DEATH MATED	1-271087 M
O A C DESCRIPTION	J 3LBE	OF RASE	S. DATE OF BIRTH		JNDER 1 YR. IF UNDER 2		MONTH DAY YEAR 24 HOUR
DIRECT PROPERTY PARTY PA		Tale 18/00	4 Aug 28	1959 27 YRS.	NTHS DAYS HOURS	MIN PRONOUNCED DEAD	1-22 87/00
AL DAY	1 10 B	IRTHPLACE (STATE OR	76 CITHEN OF WI	HAT COUNTRY?		9 BALTIMORE CITY	OR COUNTY OF DEATH
SERVE	24 1	DREIGH COUNTRY)	U.S.A.	MAR	RIED NEVER MARRIE		
型為65%	114	VASH. D.C.		PLTAL, NURSING HOME, OR OT	WED DIVORCE	120 USUAL OCCUPATION	E OF WORK 126 KIND OF BUSINESS
T HREE H	(A)		AF JOT IN SUCH FA	CILITY, GIVE STREET AD (SS)	I I I I I I I I I I I I I I I I I I I	FOR MOST OF WORKING LIFE)	OR INDUSTRY
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- Copos			OUNTY	13c CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS .	99999
AND	1 2	D.C.		WasHington	YES NO	315 6 Street	NE #203
A23.2.	14. F	ATHER'S NAME	MIDDLE	LAST	TS MOTHER'S MAIDER	NAME	IAST
DEATH PAN	9/1 E	ROZIER		oLton	TheLma	MIDDLE	Bernett
2 725 ₹ 20	160.	WAS DECEASED EVER IN U.S	S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS
F P P P P P P P P P P P P P P P P P P P	1	Al A	S, GIVE WAR OR DATES)	579-80-0032	That me Rolt	on (mother) 900	act NE # (ovc)
NOTES		18 CAUSE OF DEATH (Ent	Name of the second seco		TITELING COLL	on Unbinery 900	APPROXIMATE INTERVAL
E SECTION III		PART I DEATH WAS CA	ter anly ane cause per line AUSED BY:		nilesses		BETWEEN ONSET AND DEATH
A SER SER		IMM	EDIATE CAUSE (a)				
WO WHY		Canditians, if any, v		AS A CONSEQUENCE OF			
		gave rise to imme	diate (b)				
N V W W W		lying cause last.	nder DUE TO, OR	AS A CONSEQUENCE OF			
DIVISION OF VITAL RECORDS, 201 W. REED IS CERTIFICATE SHOULD BE EXECUTED WING THE WORD "PENDING" IN PENCIL RADED TO THE CHIEF MEDICAL EXAMINER, ELECTROPHED AS SHOULD BE USED AS A BURIAL-TRANSIT PERM TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE STO PRICKAT BOWLATTON, OR REMOVAL			(c)				
RDS ING ING I AN I AN I AN I AN I AN I AN I AN I AN		PART 2 OTHER SIGNIFICANT CONDI	ITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PAR	T Tag.	
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DIVISION CERTIFICATION CERTIFI	A	WHILE NOT WHILE	E SIREET, FAC	TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
12 8 8 E		AT WORK AT WORK					
L EXAMINER: DULD BE FORUDE FOR WITH THE SIMPLEMENT OF THE STATE OF THE		22a. I certify that I taak	charge of the remains de	scribed abave, held an Auto	apsy . Inspection	Inquiry .	and in my apinian
A H T T T T T T T T T T T T T T T T T T		death resulted from:	Natural causes	Accident L. Suicide L	, Hamicide	Undetermined manner	
PIRE SERVICE AND S		1		//	TITLE (SPECIFY)		1 2 2 56
MEDICAL E THE OF THE OF THE SHOW	-	SIGNATURE ()	reported 15	toleque/	MD Deputy	MEDICAL EXAMINER	SIGNED -2 3-87
DEA SET	1	EXAMINER'S NAME	1 '/	11			
록있ਨᄣ띧삨	and the same	(TYPE OR PRINT)	Augusto P.	Rodriguez, M.D.	_ ADDRESS	Rayburn Ct ,	Temple Hills, MD
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		BURIAL, CREMATION, REMOV	VAL 236 DATE	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION PG	- County STATE
(1 0/81/ BP 99	8	urial	1 29 87	Harmony Me	morial Park		Maryland
25M	24	UNEDIPHERORE SO	N Funeral Ham	e	25 PA R		GISTRAR'S SIGNATURE
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bid.	34	- NOCIE +S/E	THE PROPERTY	HINIEK, P. III LO 1 2			



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STATE OF MARYLAND

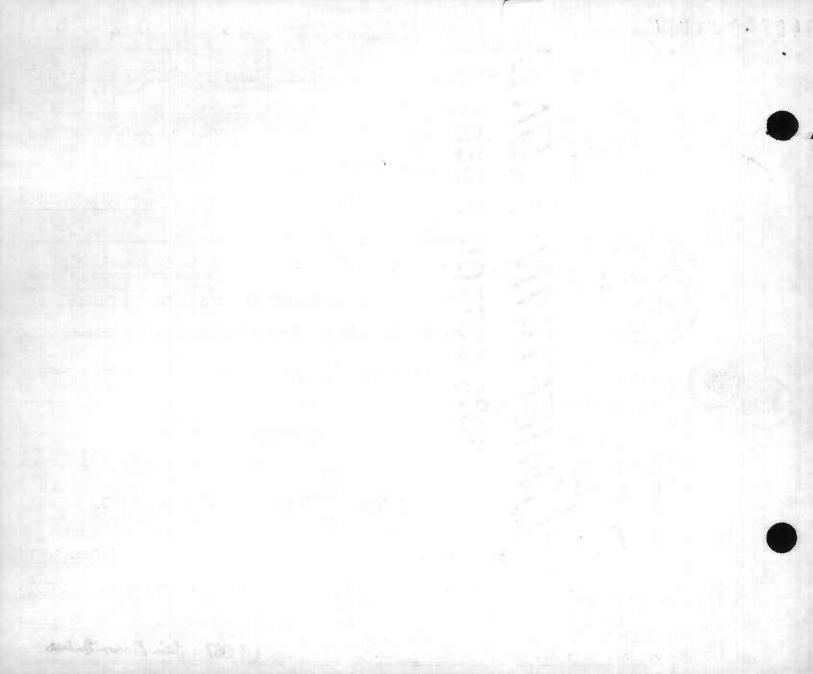
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1140101111111					KEG. N	J.		
	CEASED NAME FIRST	MIDDLE	t.	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
f , test	Barbara	Dodge	ВО	NNAR		January	4 1	987	9:25
3. SE		4 RACE	5. DATE C			AGE (IN YEARS LAST BIR	(YAGH	MONTHS DAYS	IF UNDER 24 HRS
	Female	Caucasian		ember	3, 1903	83	YRS.		HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COU	INTRY? 8 MARRIEI	D NEVER	MARRIED [BALTIMORE CITY O	_		
Ma	ssachusetts	U.S.A.	WIDOWE	D D	IVORCED [Prince			MI OF BUSINESS OF
	Greenbelt	Greenbelt (Convalesc	URKING		Type of work for most of Housewife	F WORKING	LIFE) INDUSTRY	Home
13a	AL RESIDENCE (IF NURSING HOME OF STATE 13% COURT P.G	JIY 113, CITY C		13d. INSIDE O	NO [6408 Queen	zip coi	DE apel Roa	d 2078
14 F	ATHER'S NAME FIRST Irving	MIDDLE DO	odge		S MAIDEN NAM Alice	MIDDLE		Pay	ne
	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES. GIV	(F WAR OR DATES)	AL SECURITY NO. 48-4784-M	Mile		ADDRE nnar (Husba		Same as	#13
TANKS TO	Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost	D BY: TE CAUSE (o) Card DUE TO, OR AS A COM (b) Arte DUE TO, OR AS A COM (c)	diac arre NSEQUENCE OF erioscler NSEQUENCE OF	otic c	ardiovas	to arrhyth	ase	Sudd	own
CERTIFICATION	PART 2 OTHER SIGNIFICANT	196. CONDITION FOR				200 AUTOPSY? YES NOS	20b. IF Y	GIVEN IN PART 11 YES, WERE FINDIN TIFYING CAUSES YES	NGS USED
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIME NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK		19	211 LOCATI	ON	ED (ENTER NATURE OF INJU	KIT!	8 PART OR PART 2}	STATE
	220.1 certify that (I) (this hasp	4 January	19 <u>87</u> , or	nd that in (my	ATTENDING		ote and h	our and from the	SIGNED
	226 PHYSICIAN'S NAME (17PC	umann, M. D.	un	22e ADDRE 4404	SS PHYSICIAN	bury Rd.,	IAN 🗌		n. 1987 D 20737
	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	23b. DATE 01/06/87	23c NAME OF C		CREMATORY Cremator	23d LOCATION CITYOR TOWN Alexand	ria	COUNTY	Virgini
	anter Gasch's S	Ai	DDRESS		250 DATE	REC'D. BY REGISTRAR		STRAR'S SIGNAT	

4739 Baltimore Avenue Hyattsville, MD. 20781

DHMH - 16 60M 7/84 (VRA 15, 4)

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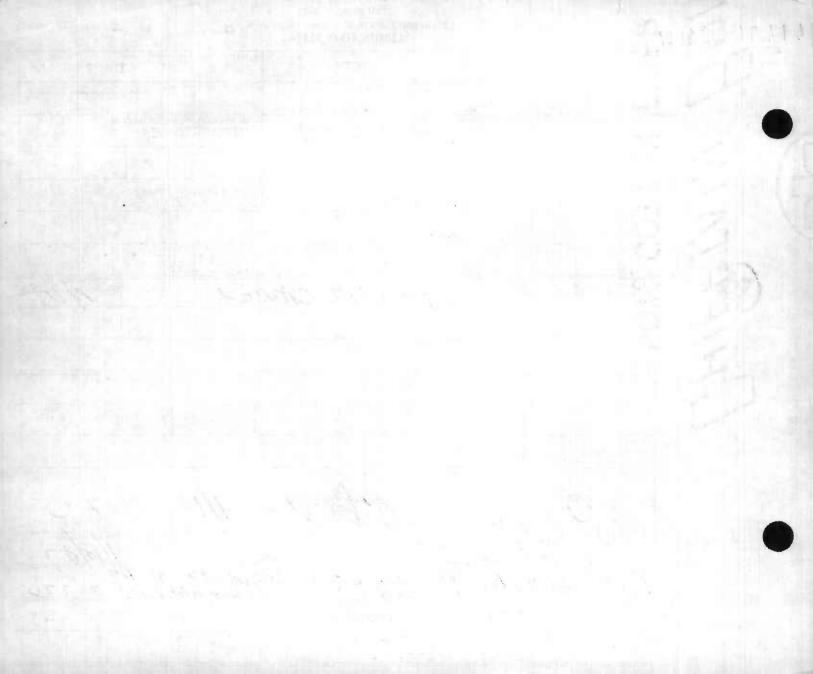
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	DEF	PARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		02002
	I DECEASED NAME FIRST BER	RTHA	BOOTH		18 87 8:45A M
	3 SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	
ī	Female	White	Feb. 15 189	0 96	YRS DAYS HOURS MIN.
r	To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	NTRY? 8. MARRIED NEVER MARRIE	9 BALTIMORE CITY OR	
ò	Delaware	USA	WIDOWED DIVORCE		KGE MD.
1	CHEVERLY	NURSING CARE		IZE USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Homemake	WORKING LIFE) INDUSTRY
	USUAL RESIDENCE (IF NURSING HOME 130 STATE 13b CO		E BEFORE ADMISSION) R TOWN 13d INSIDE CITY LIM TSVILLE YES X NO [E 200 TT 17.	zip code 2078/
1	14. FATHER'S NAME FIRST	MIDDLE 1A	15 MOTHER'S MAID	EN NAME MIDDLE	LAST
	UNK	Wood	ds UN	KNOWN	
	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)		milton St. Hya	tts.Md. 20781
	N A	577	26 3513 Jean B	ishop(Friend)	
	PART I. DEATH WAS CAU		MANNA C	AUSES	APPROXIMATE NITERVAL BETWEEN ONSYT AND DE TO
ı	IMMEDI	IATE CAUSE (a)		7.0.0	
	Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF		
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	ISEOUENCE OF		
	underlying cause last	((c)			
		T CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDI	ITION GIVEN IN PART ITO
7	Ě				
	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
7	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY C		IN CERTIFYING CAUSES OF DEATH? YES NO
7	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTI	21c HOW INJURY C	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
		ZIB. TIME OF INJURY HOUR A.M. MONTI P.M. 21e PLACE OF INJURY	H DAY YEAR 19 216 HOW INJURY O	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO NOTITION TO THE THE TRANSPORT OF
7	OR CONTRIBUTING _ CAUSE OF I	DEATH HOUR A.M. MONTI	H DAY YEAR 19 216 HOW INJURY O	YES NO DOCCURRED (ENTER NATURE OF INJURY	IN CERTIFYING CAUSES OF DEATH? YES NO NO NOTITION TO THE THE TRANSPORT OF
7	OR CONTRIBUTING CAUSE OF IT IT STATEMENT AND IT STATEMENT AT WORK AT WORK 20.1 certify that (I) (I) is has say Me-deduced allow	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY C	H DAY YEAR 19 216 HOW INJURY OF THE PROPERTY O	YES NO COURRED (ENTER NATURE OF INJURY	IN CERTIFYING CAUSES OF DEATH? YES NO NO NOTITION TO THE THE TRANSPORT OF
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	OR CONTRIBUTING CAUSE OF I LIFETHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WOSE 220.1 certify that (II) (It) is had some (II) we ided find for obode. (II) we ided find	21b. TIME OF INJURY HOUR A.M. MONTI P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY of an and viewish body after death.	H DAY YEAR 19 216 HOW INJURY OF THE FORM O	PES NO COURRED (ENTER NATURE OF INJURY CITY OR TOWN TO MEDICAL STAFF	IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NOTE: NO NO NOTE: NO NO NOTE: NO NO NOTE: NO NO NOTE: NO NO NOTE: NO NOTE: NO NOTE: NO NOTE: NO NOTE: NO NO NOTE: NO NO NO NOTE: NO

DHMH - 16 60M 7/84 (VRA 15, 4)

THIMES TRINALDI 11800 New Hamp. Ave. Silver Spring, Md.



15			FOR	ms 18a th	nru 22aF:	DEPART	MENT OF		ARYLAN AND ME		IYGIEN	E	347	^	0		
1 3	169 550		STATE REGISTRAR		MI	EDICAL	EXAMIN	IER'S	CERTIFIC	ATEO	F DEA	TH /	REG.	NO.	4	0 0	, 0
70	I O O I LD	T-SE	CEASED NAME	FIRST		MIDDLE			LAST		T	2a DATE	KNOWN	CM AS	NTH D	AY YE	AR Zb. HOUF
	2000		re On Pally	JAME	ES	E	DWARD		BOOTH		1.5	DEATH	ESTI- MATED	₋ 1-	29-8	7 19	
	おいます	3. SEX	X	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN		IF UNDER		2c. DATE	E NCED	NOM	AIH D	AY YE	AR 2d HOUF
	N ON ONE			caucasian	1	50		RS.	DATS	NOOKS	Milly	DEAD		1-	29-8	7 19	9:05a
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	PAGE PAGE PERE	,	Hyattsv	ille	11. NAME OF HO	ennedy	Place		IER INSTITUT	ION	FORM	AOST OF WOR	PATION (OR INDL	BUSINESS ISTRY Exterm
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	ASSES COC	/	James	-11	н.		Booth			elen					chro	eder	
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	ATE. ORV. B. HE SI ND.	5.	22a I certif	y that I took charge	e of the remains d	escribed ab	ave, held an	Autop	sy X	Inspection	n .	Inquiry		and in m	ny apinia	n	
	BE F ECT THTI		death resulte	d fram: \ Nature	al causes	Accident	, D, Su	vicide 🗅	Hamicio	de .	Undete	ermined m	onner _].			
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	TO ME EXECUTE PAGE TO FULL BATTER	23a.B		ION, REMOVAL 23			NAME OF CE					CATION					
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	CESSARY, PLEASE FEAL DIRECTOR. FOR YOUR FILES. ITHIN 72 HOURS RESTON STREET,	FC	RTHPLACE (ST		76 CITIZEN OF WH.	AT COUNTI	RY?	8 MARRIE		VER MARRIE	ED L			_	OF DEATH	
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EE, MD.	HE SECTION OF THE PERSON OF TH		bert		MIDDLE L.	Bott	s, S	r.	is. MOTH	elores	NNAME	MIDI	DIE		Green	n
ALTIMOI	AFTER D HVE PAG H FORM AGES 1.4 VISION O	16a \	VAS DECEASED ES, NO, OR UNKNO NO	EVER IN U.S. ARM	NED FORCES?		AL SECURITY 78 526		Delo:	res Gr	reen	904 (Carri	agehor	use Lai	ne
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PRESTON ST	CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI TING THE WORD "PENDING" IN PENCIL IN ITEM I SED TO THE CHIEF MEDICAL EXAMINER ALONG 3.3 SHOULD BE USED AS A BURIAL - TRANSIT PERMI DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL.			IMMEDIATI	DUE TO, OR											
NES ES	THIN ILLIN			s, if ony, which	46.											
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8	D BE EXECTED BY WEDICAL MEDICAL AS A BU CREMAT	NO														
DIVISION OF VITAL RECORDS, 201 W.	L'HE A	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDITI	ON FOR W	HICH OPER	ATION WA	S PERFOR	MED?		Tal.			20 AUTOPSY	(?
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VIS	TING TING TING TING TING TING TING TING	VED!	216 INJURY C		21e PLACE O STREET, FACTO			211 LOC				ITY OR TOWN	1	COUL	170	CTATE
ā	WRI WRI ARE ARE ATE	2	AT WORK	NOT WHILE XX	va					me Pl				e Gec	orge's	Co., Md
	NER: THIS CERT CATE, WRITING FORWARDED OR: PAGE 3 SH THE STATE DEP/ AND, 21201 PR		220 certif	v that I took charge	e of the remains desc	ribed above	held on	Autopsy	XX	Inspection		Inquiry [one	d in my opin	non	
	NO REPLA		death resulte	1	ol couses	Acident		cide .	Hamie		Undeterm		KTW	Jim my opin	1011	
	ERTI ERTI DIREC WITH ARY		1	100	1/1/28	1	2	150		PECIFY)						
	A A SOCIAL		SIGNATURE_	Menn	4/1/1	ry	100	wy	Assi	stant	MEDICA	AL EXAMIN	VER .	DATE SIGNED	1-6-	87
	DEA STA		EVALUE IEB/E	14.45		1									100	
	CO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN AGGE 4 SHOULD BE FORWARDED O FUNERAL DIRECTOR, PAGE 3. AFTER BEATH, WITH THE STATE DE SALLIMORE, MARYLAND, 21201 P		EXAMINER'S I (TYPE OR PRIN	Denn	nis F. Smy	tk, M	.D.	A	DDRESS_	111 P	enn S	t., B	Balto.	, Md.	2120	1
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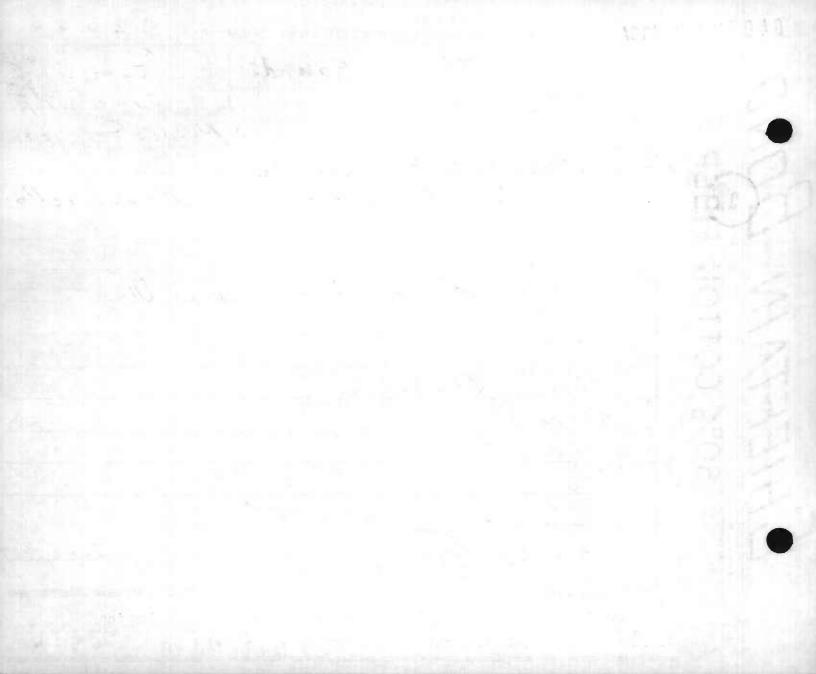
Washington, D.C. USA

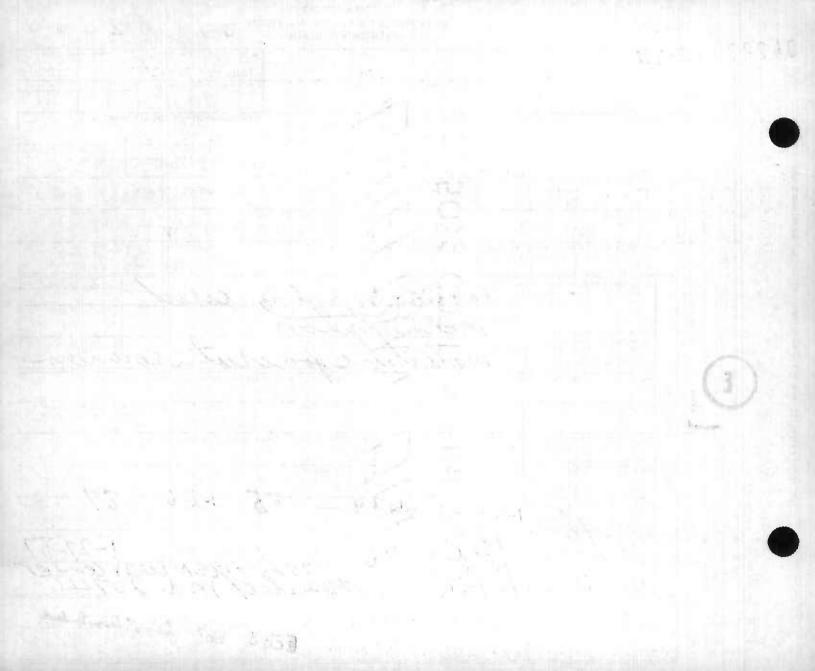
Maryland PG 1 x

Robert L. Botts, Sr. Delores

No N/A 212 78 5260 Delores Gree

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0 7	0 3 2 3 3		TATED TO		MED	DICAL EXAMIN	NER'S CER	TIFICATE OF	DEATH	REG. NO.	1		1
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	RECTOR. R FILES. HOURS STREET,	SE)	4 RACE	, S DATE	OF BIRTH	6 AGE (IN Y		TYR. IF UNDER 24	HRS. 2c. DATE	MON	TH DAV	YEAR	2d2trOUP
	STATE		MB	K. T.	/ DAY	YEAR LAST BIRTHI	morning	DAYS HOURS A	PRONOUNCE DEAD	ED 7	1	. D	200
	SEL SE	₹a B	RTHPLACE (STATE OR	7b CITI	ZEN OF WH	AT COUNTRY?	18		- 9 BALTIMO	RE CITY OR CO	INTY OF	EATH	PM
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	三世の世紀 ()		0			ILITY, GIVE STREET ADDRESS)	E, OR OTHER IF	ASTROHON !	FOR MOST OF WORK	NG LIFE)	OR OR	INDUSTRY	INESS
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102	1	13a S	L RESIDENCE (IF IN NURSIN	G HOME OR OTHER IN	ASTITUTION, GIVE	RESIDENCE BEFORE ADMISS		INSIDE CITY LIMITS?	Se STREET ADDRES	502	178	16-	01
21201	3 4 MINE 1		mi f	Vince 6	COVA	1512/me	V/SVKYE	S NO [7771	Bur	237	De 1	120
ě.	Command リネテ	14. F.	THER'S NAME	WIDOLE	U			MOTHER'S MAIDEN	NAME				
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PRESTON ST.,	O S S S S S S S S S S S S S S S S S S S		PART I DEATH WAS	CAUSED BY:	iose per line i	(b), and (c).)	1	. (42	, 1 .	1 171	D. BETW	EEN ONSET A	ND DEATH
O	A SECONDA		IN.	MEDIATE CAUSI		AS A CONSEQUENCE	2/1	4000	013	(()	1		
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	MEN NEW NEW NEW NEW NEW NEW NEW NEW NEW N		gove rise to imi	mediate /	(b)								
×	Bas Ino		cause (o) stating the lying couse last.	under- D	UE TO, OR A	AS A CONSEQUENCE	OF						
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8	P BE EXE PENDING MEDICA AS A BI EALTH A CREMA	CERTIFICATION	Chr	10 mic	NI	co 921	15 m						
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×	SET OF THE	A	UNDERLYING OR		P.M.	MONTH DAY YEA	R						
DIVISION	DED TO DEP AND DEP AND DEP AND DEP AND	MEDICAL	714 INJURY OCCURRED	2	le PLACE O	FINJURY (ATHOME,	211. LOCATI	ON					
2	THIS CI WARDE WARDE PAGE 3 STATE D 212011	E	WHILE NOT WH AT WORK AT WOR	IILE 🗆	STREET, FACTO	DRY, FARM, ETC.)	STREET		CITY OR TOWN	4	COUNTY		STATE
	NER, THIS CRTIFICATE SI CATE, WRITING THE WO FORWARDED TO THE CI OR: PAGE 3 SHOULD BE THE STATE DEPARTMENT AND, 21201 PRIOR TO BE	-	AT WORK — AT WOR	K				7					
	A H S S H S		22a I certify that I too	ak charge of the r	remains descr	ribed above, held an	Autopsy L	, Inspection	Inquiry	and in my	y opinian		
	ME WE TEN		death resulted from:	Notural causes		Accident, Si	vicide,	Hamicide .	Undetermined mon	ner ,			
	EXAMI CERTIFI ULD BE DIRECT WITH '		.com	00	21		1	TILE (SPECIFY)			_		
	PAR PAR —		SIGNATURE	251	/ 0	agere	M.D./	200	MEDICALEXAMIN	VER DA	NED 2	n6	1987
	NEW SEA		EXAMPLE'S NAME		(/	/					
	¥ C U C C C C C C C C C C C C C C C C C		(Type OR PRINT)				ADD	RESS					
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VECUTE THE CERTIFICATE, VECUTE TO FUNEAL DIRECTOR: PARTER DEATH, WITH THE STABAT (MORE, MARYLAND, 2)	73e.6	RIAL CREMATION, REM	OVAL 736 DATE		234. NAME OF CE	METERY OR CR	EMATORY	THE LOCATION		duniy	-	
07/84	BP	100	Burial	1-10	-87	Wright's	Cemete		Eden.	Wicom	A COLUMN TO THE REAL PROPERTY OF THE PARTY O	Md	
25M	DHMH - 17		INERAL DIRECTOR					75a. DATE REC	D. BY REGISTRAR	756 REGISTRAR			
	(VR A15 ME (5))	J.	B. Jenkins	FH 5747	4 Lanc	dover Rd La	andover	Md TAN	1 2 1987	Julia Di	sedien.	Procedural	6
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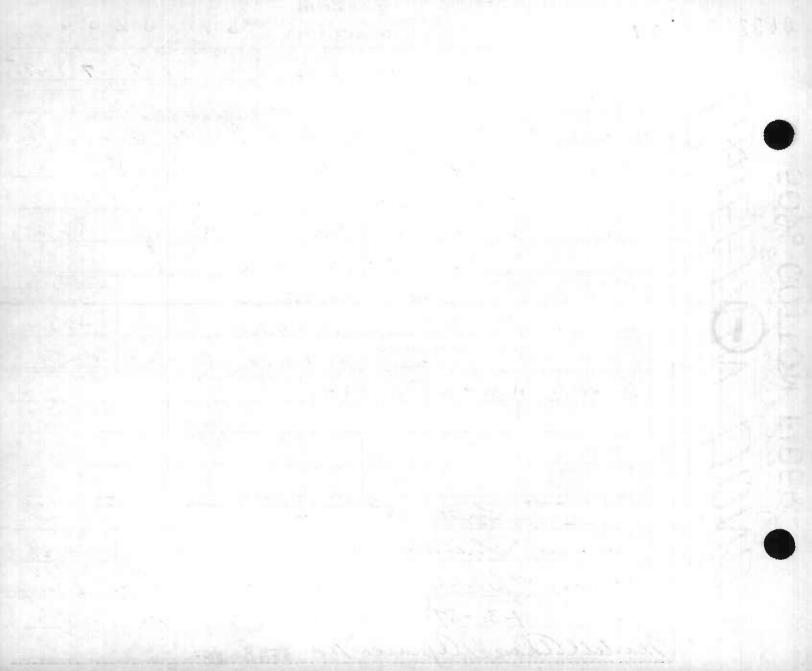




3432	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	0 /	2581
32. FEB -9 87	1. DECEASED NAME FIRST (TYPE OR PRINT) JUAN]	ITA M.	BRONSON	REG. NO. 20. DATE OF DEATH MONTH 01-	DAY YEAR 26 HOUR 16-87 I : 24PM
dod - M	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1 10 /	Female Birthplace (STATE OR FOREIGN	Black 75 CITIZEN OF WHAT COUNTRY	Aug. 17.1915	71 YRS	Y OF DEATH
the 1924	Wash.D.C.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE	
11/1/	CHEVERLY	PR'INCE" GEORGE	TAPPES PITAL CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	IFE) 176 KIND OF BUSINESS OR INDUSTRY
7 11 15		or other institution give residence befounty .G. 13t. CITY OR TO V Cap. He	YES NO	13e STREET ADDRESS / ZIP COO 5290 Marlbor	o Pike #101
and	George	Martin		WIDDIE	unknown
be execu-	(YES, NO OR UNKNOWN) (IF YES, O	CIVE WAR OR DATES	urity no. 17. Informant 5–1223 Iillian W		
ficore people revol.	PART I. DEATH WAS CAU	only one couse per line for (a), (b), a SED BY:	pulmonny An	2255	BETWEEN ONSET AND DEATH
the certification of the certi	7 9// IMMEDI	DUE TO, OR AS A CONSEQU			Coole 99.
of the dead	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU		GI bluel	
di Cometa di			DEATH BUT NOT RELATED TO THE TERM		IVEN IN PART 110
The state of the s	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	_ X_ IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \(\sqrt{NO} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \simptites\sinthintity\sinthintit{\sinthintit{\sinthintitt{\sintitt{\sintitta}\sinthintit{\sinthintit{\sintit{\sintitit{\sintitit{\sintitit{\sintitit{\sintitit{\sintitit{\sintitit{\sintitit{\sintitit{\sintitit{\sintititit{\sintitititit{\sintititit{\sintititit{\sintititit{\sintititit{\sintititit{\sintititit{\sintititit{\sintitititititititititititititititititit
Clan. 1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LATTER OF LIFE THERE, NOTHER MEDICAL EXAMINATION OF LATTER OF	DEATH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART?)
alter than on the stand Me than a Me	(IF EITHER NOTIFY MEDICAL EXAMI 71d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC) 214 LOCATION STREET	CITY OR TOWN	COUNTY STATE
S S S S S S S S S S S S S S S S S S S		spital) attended the deceased from	86 , and that in (my) (our) opinion	, 10	
NR ATTER Hospito hospito hed for ept. of H	obove, (I) (www) (did) (did- 22b. SIGNATURE	on 19 19 19 19	DE GREE		22c. DATE SIGNED
iff AL O	School C	damson	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1-16-87
O HOSPITAL TO FUNERAL Should be del with the Store		ADAMSON MD	. PRINCE GEO. 1	HOSP. CENTER, CH	EVERLY, MD.
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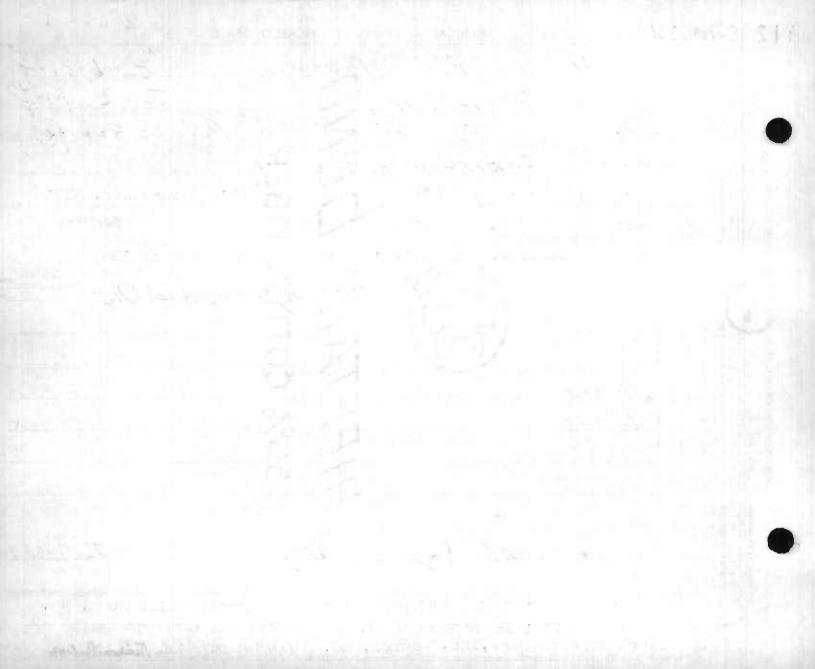
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					F MARYLAND		
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7	16a \	VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOCIALS		. INFORMANT	ADDRESS	
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7	黄						IFYING CAUSES OF DEATH?
1	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	2	It HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	
7	3	OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MONTH	DAY YEAR		Terreside Of Manager at DEAT 10	
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		NOT WHILE AT WORK					
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	1	226 SIGNATURE	1000	DEC			224 DATE SIGNED
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14/3/5	13a	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU		ITY OR TOWN	1 1	3d. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 3906 Comm			20782
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Page 1	16a \	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 S	OCIAL SECUE L6–46–1	RITY NO.	NFORMANI (Son) Levin B. Bro	ÎÎÎ ughton Ale	0 Nea	l Drive	22308
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permit. The	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION	FOR WHICH (OPERATION	WAS PERFORMED	20a AUTOPSY? YES NO X	IN CERTI	S, WERE FINDIN	NGS USED S OF DEATH?
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tand Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AL WORK	PLACE OF INJ			TII LOCATION	CITY OR IC	WN	COUNTY	STATE
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State De State De ANT. ##		22d. PHYSICIAN'S NAME (TYP)	House OR PRINT)	aun	/	ATTENDING	MEDICAL STA	FF CIAN []		an. 1987
MPORT.		Carl J. Hou	mann, M. D.			4404 Queensl		iverd	ale, MD	20737
		URIAL, CREMATION, REMOVAI SPECIFY) Burial	01/29/87	St.	John'	s Cemetery	Beltsvill	.e	P.G.	Marylan
AH - 16 60M 7/B4 (VRA 15, 4)	24 FU	Frances Gasch's	Sons Fune Avenue Hya	ral Hor ttsvil	me, P. le, Mo	A. 20781	C'D. B 987 STRAR	Bb. REGIST	RAR'S SIGNAT	URELAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE DECEASED NAME a. DATE KNOWN YPE OR PRINT) ESTI-R FILES. HOURS STREET, DEATH MATED UNDER 24 HRS DATE LAST SIRTHDAY) PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY FOREIGN COUNTRY MARRIED NEVER MARRIED USA Conn. DIVORCED 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFE) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM 130 STATE 136 COUPTY G. 8214 Gorman Ave. 3d. INSIDE CITY LIMITS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Alice Peckman Edwin P Brown CGIVE PAGES WITH FORM I PAGES LAN DIVISION OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** LYES NO OR UNKNOWN JIF YES, GIVE WAR OR DATES) 042-07-9166 13e Laura Brown same as no 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), applic). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: FF MEDICAL ED AS A BURIAL TEATH PEATH HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 200 USED OF HE Wa. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? INER: THIS CERTIFICATE SHOUI IGATE, WRITING THE WORD "" E FORWARDED TO THE CHIEF TOR: PAGE 3 SHOULD BE USEC TITHE STATE DEPARTIMENT OF H AND, 21201 PRIÖR TO BURBIAL. 020 YES 218 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M TIE PLACE OF INJURY JATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STANDARY MARYLAND, 2 X 22a. I certify that I took charge of the remains described above, held on and in my opinion death resulted from Natural couses Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER MINER'S NAME DAPE OR PRINT ADDRESS 236. BORIAL, CREMATION, REMOVAL 236 DAIS 1/9/87 Union Cemetery or Crematory Burtonsville Mont. Move 07/84 BP. 25M 7601 Sandy Spring Rd. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Fleck Funeral Home, Inc. Laurel, Md. (VR A15 ME (5))



STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF BEATH REGISTRAR 20 DATE KNOWN OF Cobert ESTI-DEATH MATED AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED White DEAD To BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED North Carolina USA Prince George County DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Prince George Co. Hosp. Cheverly Trucking Trucking Drake 13d. INSIDE CITY LIMITS? FATHER'S NAME 15 MOTHER'S MAIDEN NAME Thomas Emma Williams 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRPSO. Box 554 Yes. NO. Evelyn Brown McDuffie, Robins. NC 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Carper Veacula Here IMMEDIATE CAUSE OF 1 Years 1 A Sendre DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART E (a) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO I 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN STATE 22a I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner TIME (SPECIFY (TYPE OR PRINT) ATUGUS 230 BURIAL, CREMATION, REMOVAL 236 DATE STATE Burial Baptist Ch.Cemetery Union Grove 24. FUNERAL DIRECTOR **DHAMH** . 17 Kennedy F.H. Robbins. NC (VR A15 ME (5))

STATE OF MARYLAND

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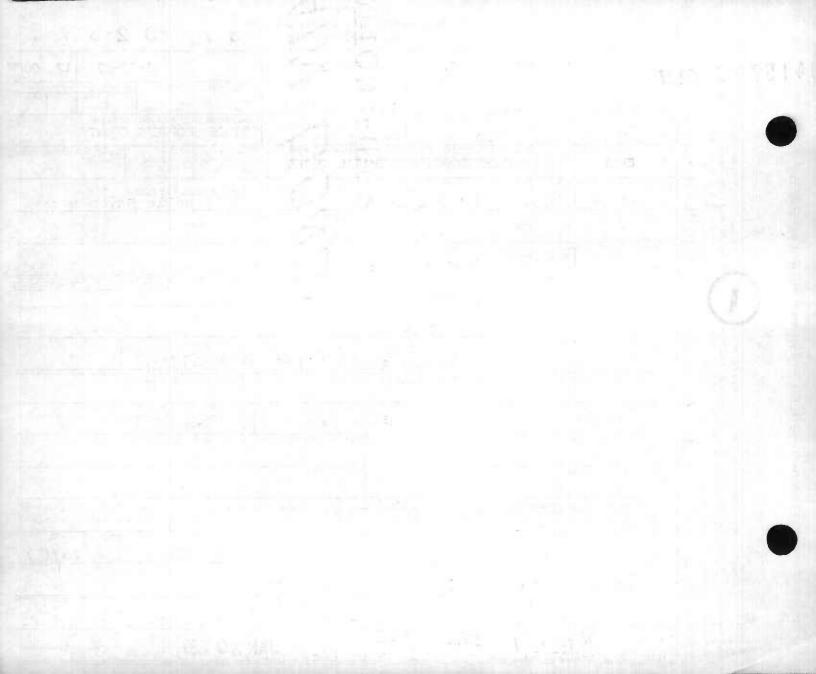
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINTI VERONICA BROWNE C. 01-09-87 12 : nnPM 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Black Nov. 11,1911 Female A BIRTHPLACE ISTATE OR FOREIGN L CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGE'S COUNTY New York USA WIDOWEDIX DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE PRINCE CHARGE APIGSPITAL CENTER CHEVERLY Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 1531 Belle Haven Drive Maryland P.G. Landover NO F 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIOOLE LAST MIODLE Charles Jones Young Margaret ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) 578 26 6731 Patricia Fletcher-daughter-1531 Belle no Haven Drive, Landover ROX Mary Land 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY cardioves smallo IMMEDIATE CAUSE (o) DUFTO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF of Right A-K Stum underlying cause last. gang some PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION, WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? multina 15chemia 04 Right YES [NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INSURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OF TOWN COUNTY NOT WHILE 220 1 certify tha (1) (this hospital) attended the deceased from and that in (my) (aur) apinian death occurred on the date and hour and fram the causes stated saw the deceased alive an _ obove, (I) (we) (did) (did not) view the body ofter death DEGREE 226. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be 56 M 0 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION REMOVAL 23b. DATE 23d LOCATION Mount Olivet Gemetery Burial Washington, D.C. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE. DHMH - 16 60M 7/84 dea Durdon Kandaria (VRA 15, 4) Funeral Home-4001 Benning Road,



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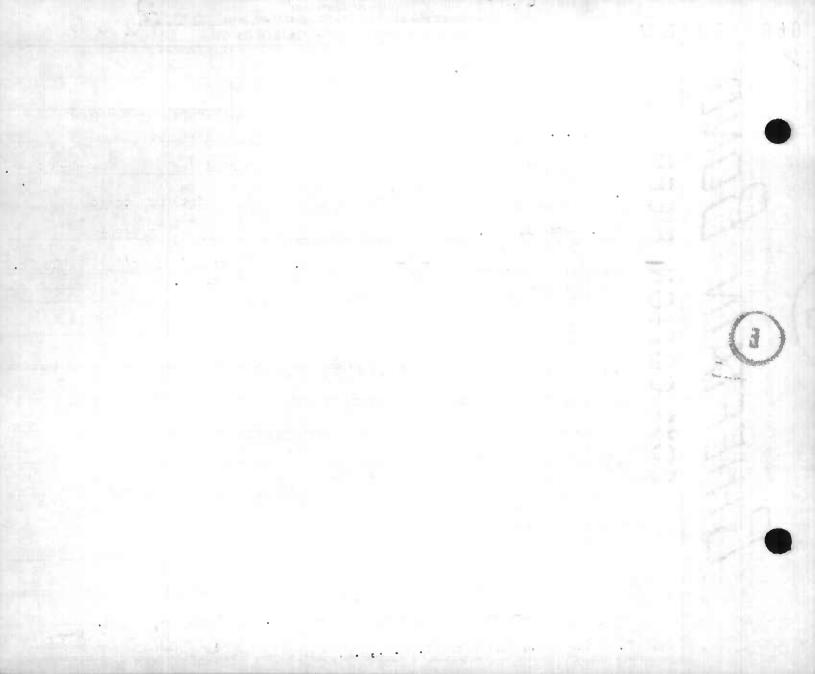
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	NA SE		EXAMINER'S	JAAAE .										110.5	
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206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, It was alided and that view the body ofter death 226. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b 4748 Berwyn Rd., College Pk., Md. 20740 Asif Oadri M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Arlington Arlington Nat'l. Cem. Virginia 1 - 8 - 87N/a Burial Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, Md. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4) 20781 ulia Dividion Residios

2b HOUR

6:10P

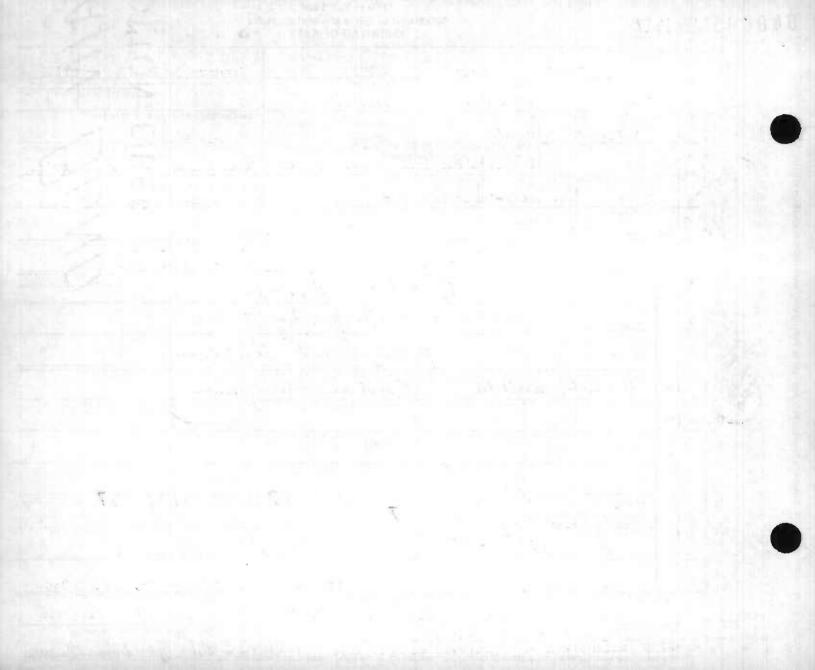
17h KIND OF BUSINESS OR

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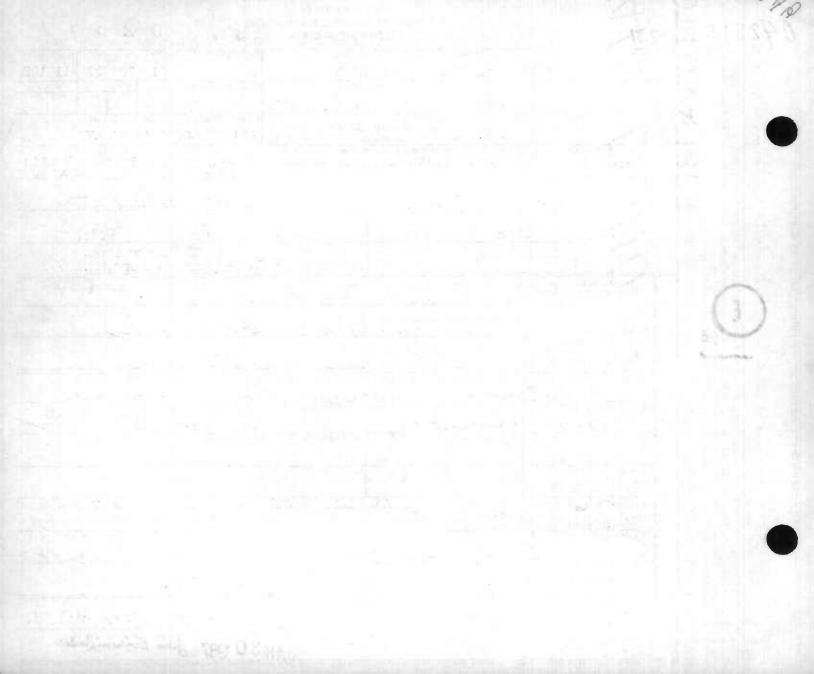
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INDUSTRY

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		FOR	D.F.	STATE OF MARYLAND		
042515 FE	L	2 STATE 2 REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE A PREG. NO.	2099
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oy be oge 3 death	1	SYE	IL FRANCES	CAMP	01	20 87 11 10Pm
mo)	3. SE	X	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Se 4	F	emale	White	March 1, 191	3 73 YRS.	MONTHS DAYS HOURS MIN.
Pod Pod		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUL	NTRY? 8.	9 BALTIMOPE CITY OF COUNT	Y OF DEATH
nero		anada	U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		COUNTY
the further d with		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE PRINCE GEORG	NURSING HOME OR OTHER INSTITUTION		12b. KIND OF BUSINESS OR INDUSTRY Public
you by R		HEVERLY AL RESIDENCE (IF NURSING HOME O		GE'S HOSPITAL CENTER	Teacher	Schools
Filled in 24 h	13a	STATE 13b COU		R TOWN 113d, INSIDE CITY LIMITS	13e.STREET ADDRESS / ZIP COD 12805 Brooke La	ne/ 20772
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Pog non		NO	VE WAR OR DATES)	Warner Hil	1 Camp-Upper Marlb	oro.Md.20772
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Z DOTE A	Ü	THE ACCIDENT WAS UNDERLYING	THE TIME OF INJURY	H DAY YEAR ZICHOW INJURY OCC	CURRED: (SMITH NATURE OF INJURY IN ITEM 18.	PART I OFFIRE II
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1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		say the deceased glive to	seven the body after death.	19, and that in (my) (aur) apin	nan death accurred on the date and ha	
是 是 是 是		27h SIGNEATURE	1/	DEGREE		224 DATE SIGNED
A TANK		frun	Kund	ATTENDIN PHYSICIAN	G MEDICAL STAFF DIRECTOR PHYSICIAN	1/4/67
FUNE Hit be Offitan		724 PHYSICIAN'S NAME (THE			lworth Avenue,	
HOSP bined 1 D FUNE Sould be APORTA		Robert Ruder	man, M.D.	Riverdale	, Maryland 20737	
56 5333	23a	BURIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF CEMETERY OR CREMATO		
BP		Burial	1/24/87	Trinity Cemetery	Upper Marlboro	(Pr. Geo's) Md.
DHMH - 16 60M 7/84	24, FI	hard A. Colema	n Upper Mai	mlboro, Md.20772 25a	DATE REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
(VRA 15, 4)	Fin	neral Home	opper rea	110.20172	AN 30 1987 But D.	CHAPLY. KANDANIE



DEATH CERTIFICATE

James O. Campbell

Died: January 23, 1987 -- Prince George's Co.

SEE: 87-02306 -- Mont.Co.

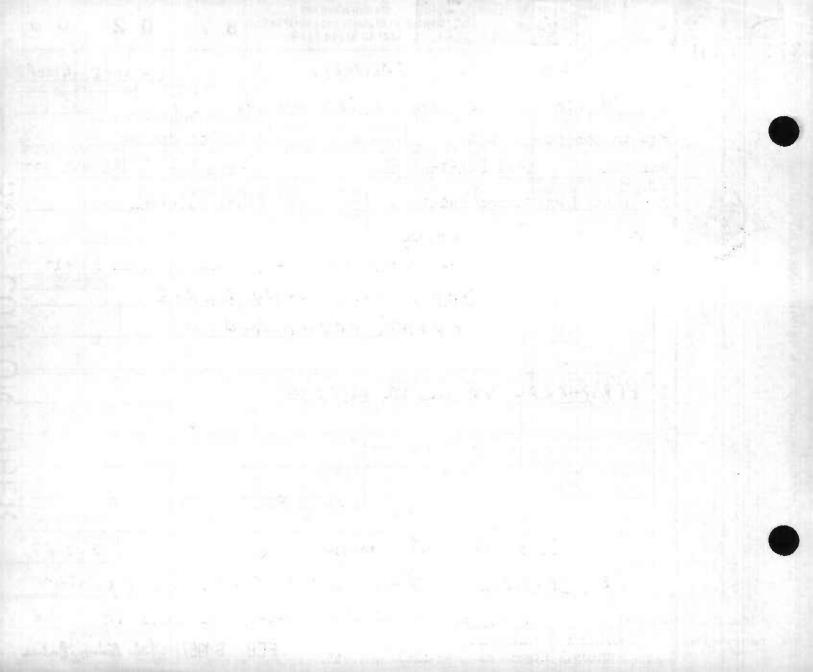


STATE OF MARYLAND

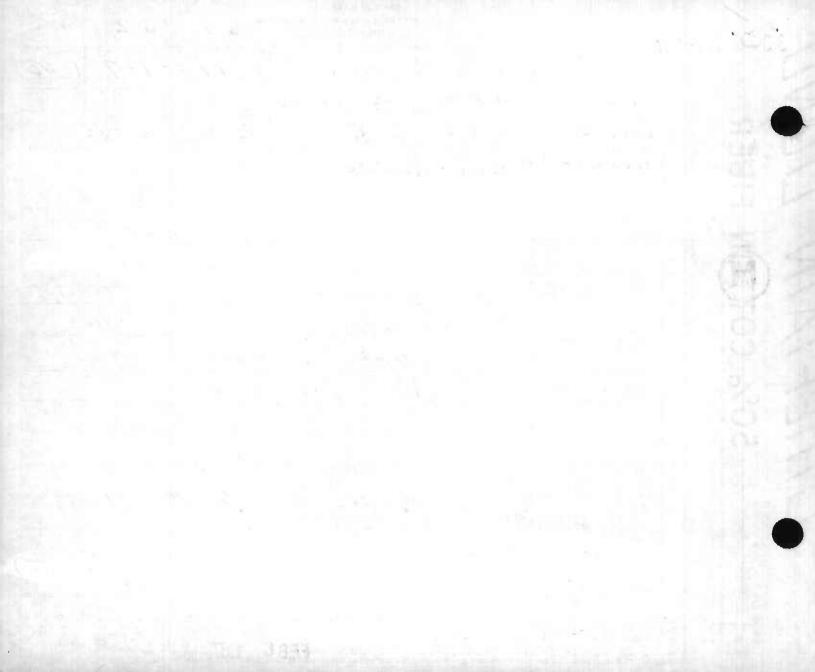
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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STATE OF MARYLAND

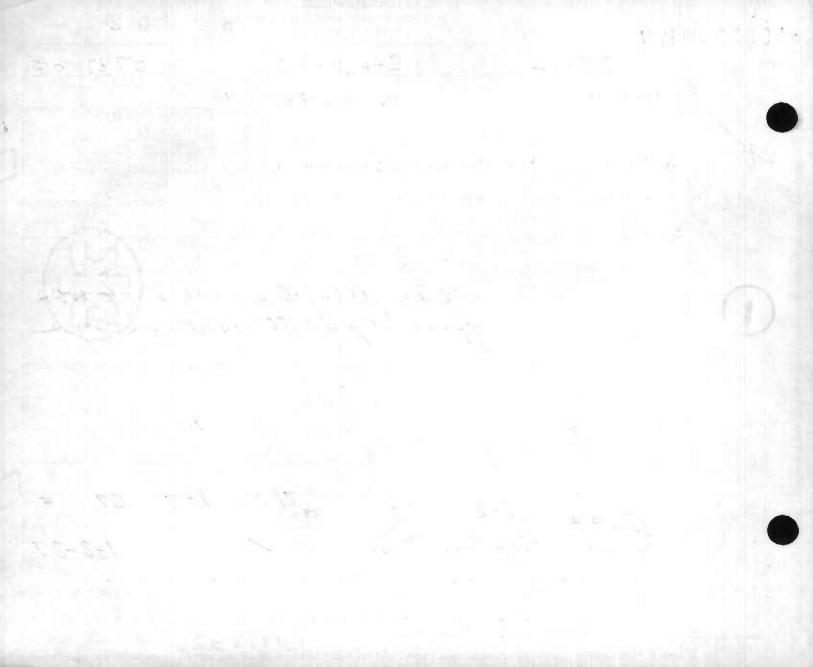


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AND			aryland	Char	rles	Waldo	orf	YES NO			lane/2	20601	
RYL	12/10	IL FA	ATHER'S NAME FIRST	MID	DLE	LAST		15 MOTHER'S MA		MIDDLE		LAS	51
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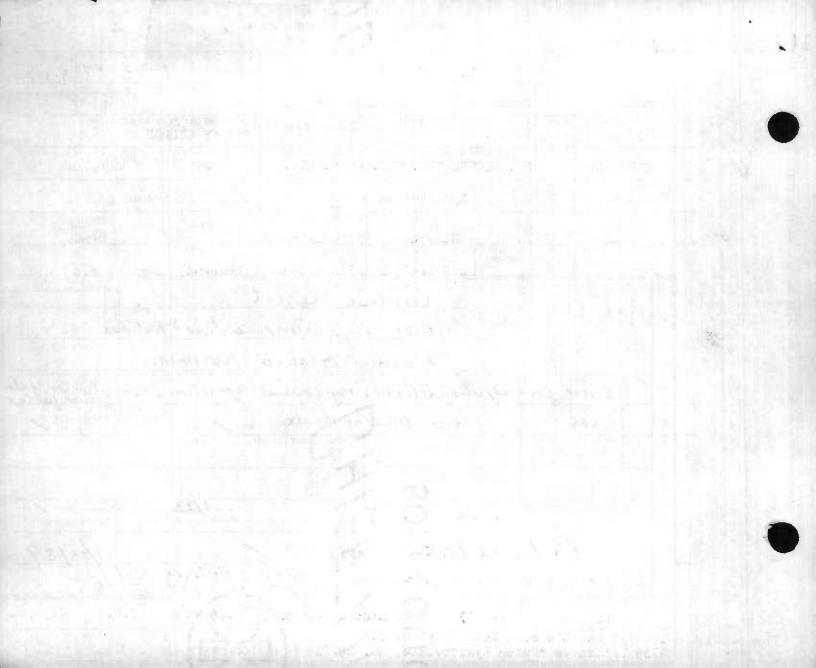
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	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	0,	02/03
	REGISTRAR DECEASED NAME PROT	woos	CASTILLO	REG. NO. 2s. DATE OF DEATH	KONTH DAT 1844 76 HOUR
1.0	PEDI	RO B.	CASTILLO		01-29-87 6 :45A
1.	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (MYERS LAST BRID	DAY) FUNDER LYEAR FUNDER 24 HES. ANDHITS DAYS HOURS MIN.
0.00	MALE	WHITE	NOV. 24, 1914	72	YRS.
96	CHILE	THE CITIZEN OF WHAT COUNTY CHILE	MARRIED NEVER MARRIED WIDOWED DIMORCED	PRINCE GE	ORGE 'S COUNTY MD
74	CHEVERLY		SING HOME OF OTHER INSTITUTION	THE OF WORK FOR MOST OF CARPENTER	
35	SUAL RESIDENCE IN MISSION HONE OF THE STATE MG. PATHER'S NAME FRANK FRANK	NTY IIL CITY OR I		3706 SHEP	ZIP CODE HERD ST. 20712
100	UNKNOW		ROSA	10000	CASTILLO
ledico 14	NAME OF TAXABLE PARTY.	RMED FORCES? No SOCIAL SI		M. TOBAR (SAME	
2' =		nly one course per los for out (b)		12	APPROXIMATE RITERVAL BETWEEN ONSET AND DEATH
been agant mit. Then prince to been only injury, or	PART 2. OTHER SIGNIFICANT 198. DATE OF OPERATION 218. ACCRETE WAS UNDERLYING. [CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE PI	RMINAL DISEASE OF COND	TION GIVEN IN PART 116 THE IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
18X				YES NO W	YES NO [
Section 1	the property of the second sec	TATH HOUR A.M. MONTH	DAY YEAR	TURRED (ENTER NATURE OF HIJURE	PRINTER (B. PART) CHEPART ()
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pan :	ALMORE THE STORE S	LAT HOWE STREET FACTORY OF	KE. PARM, ESC.)	,	/
e Dept. of Health	spw the deceased alive a	of view body ofter death		G MEDICAL STAFF	19
FUNERAL wild be deto wild be deto ORTANT. II	734 PHYSICIAN'S NAME (THE	H. YABL	4 94 70.	ANNA POL	LIRO suiti 808
513/	To BURIAL CREMATION REMOVA	THE DATE IN	II NAME OF CEMETERY OR CREMATO	RY JJE LOCATION	20100
413/	BURIAL CREMATION, REMOVA	1-30-1987	CHAMBERS CREMATOR	City Of Tower	LE. P.G.C. Md.

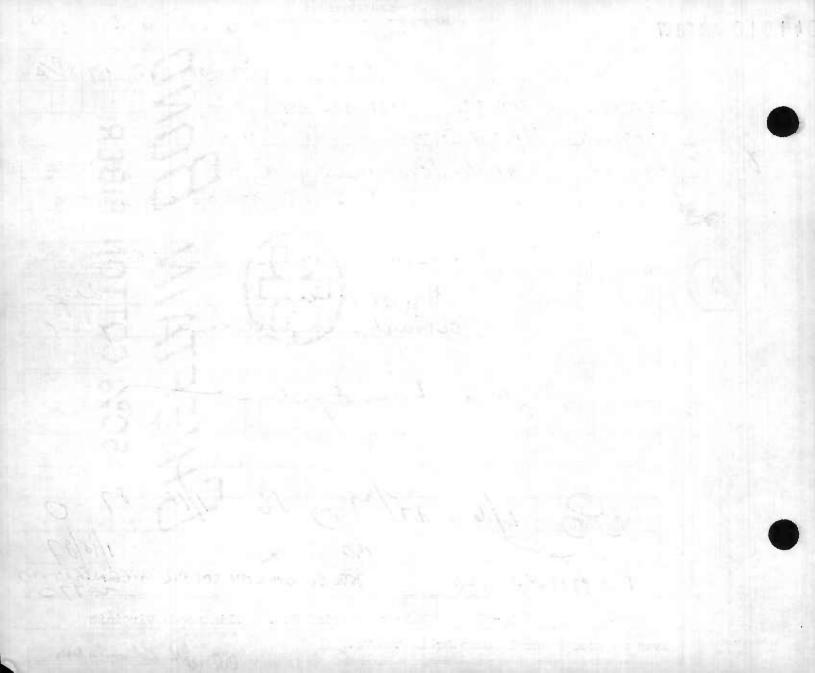
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142	298 14	1 20	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 7	0 2	1	د ن	
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	ector, pag		3. SE E€	x ema l e		4 RACE Caucasi	Lan	S. DATE O	nber 16, 1951	6. AGE (IN YEARS LAST BIRT		ERIYEAR	IF UNDER 24 HE HOURS MI	
	deoth. Page	75	Ma	RTHPLACE (STATE ORFI		U.S.A.	WHAT COUNTRY?	WIDOW		PRINCE GEC	RGE			MD.
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MARYL	ompletely ond 2 s	24		James		E.	McManu		15. MOTHER'S MAIDEN N	⇒th		Dras		
ALTIMORE	be executed on one of s. Poget.	/	(WAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES?	218-56-		Albert Chane	ADDRE Dey (Husband)				
ST., B	th certificate of the certificat			18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSE	D BY: TE CAUSE (0)	OR AS A CONSEQU	arde			2-1		MATE INTERVAL INSET AND DEAT	IH.
W. PRESTON	by the etter			Conditions, if ony, gove rise to imm cause (o), stating underlying couse	ediate the	(b)	aclus or as a conseou M		071 #	e distress of				
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DIVISION OF VITAL RECORDS,	The low r cron. e hos bee sit permit. giene prio		CERTIFICATION	1/13/8	ION 7	196 COND	euson for which	OPERATIO	muthorax	200 AUTOPSY?	206. IF YES, WER IN CERTIFYING YES	CAUSES	GS USED	
N OF VIT	SICIAN. ng physic certificat ricol-trons entol Hyg	2	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DE	ATH HOUR A	.M. MONTH D	AY YEAR		JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I O	R PART 2)		
DIVISIO	ING PHY r offendi After this os the bu lith and M		MED	216. INJURY OCCURR	KE 🗌	(AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO		OUNTY	STATE	
	ATTEND ospitol o ECTOR:) ed for use of of Heo			220. I certify that (I) saw the decease above, (I) (we) (d					nd that in (my) (pot) apinio	n death accurred an the do				ast
	by the hy	1		22d. PHYSICIAN'S NA	ME (TYPE O	DR PRINT)	lag.		MD ATTENDING PHYSICIAN	MEDICAL STAF	F	1/12	3/87	7
	TO HOSPIT reformed by	1	23a		ER	K.Ru	S 7A-6/		CEMETERY OR CREMATOR	Mey MO	207	85		
	BP			(SPECIFY) Buria	1	01/17	/87 Fo	rt Li	ncoln Cemete	ry Brentwood			Maryla	and
	DHMH - 16 50M 4/1 (VRA 15, 4)	B2	47	139 Baltimo	h's re A	Sons Fu vneue H	neral Hom yattsvill	e, P. e, Md	A. 20781 250. D	AN 28 1987	Julia Ben			



		1				STAT	E OF MARYLAND		201	7 6
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			Dro	REGISTRAR	web.c			REG. N		
	4		TYPE	EASED NAME FIRST	MIDDLE	0	AST	20 DATE OF DEATH	MONTH DAY YEAR	26. HOUR
4 400	pap	L		Ruth			nase	January	18,1937	8 AM
# 4	ì	1	SEX	,	RACE	5. DATE C		6 AGE (IN YEARS LAST BI	THOAY) # UNDER 1 YEAR	HOURS MIN,
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2 6	2 3	97	6. BIR	THELACE ISTATE OR FOREIGN 7	CITIZEN OF WHAT COUN	TRY? 8 MARRIE	D NEVER MARRIED X	9 BALTIMORE CITY C	R COUNTY OF DEATH	
1 1	0	2	U	Irginia (United Sto	No.		Prince	Georges	MD.
24/2	1 (1)	1	i ch	OF TOWN OF DEATH	1. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 12b. KIND OF INDUSTRY	BUSINESS OR
2	9 8	21	1	as ham	Maghalia	Garder	25 Nersing HE	Clerk	Remin	gton Rand
2 5	2 4	1	30, S	RESIDENCE LIF NURSING HOME OR C	THER INSTITUTION GIVE RESIDENCE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE	
24	1 Th	2V	1/1.	ry land Prince		6	YES NO	8200 Good	Luck Road, 20	706
4 1	2 . 5	.01		HER'S NAME	IDDLE LAS		15 MOTHER'S MAIDEN N	IAME MIDDLE		
o di	110	9	R	oland E. Chase	IA3	·I	Mary Lo		LAST	
d co	8 8	16		AS DECEASED EVER IN U.S. ARM		SECURITY NO.	17 INFORMANT	ADDR 690	7 ProglovBond	
	-	1		S, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 197-6	1-8432	Roland Chas	se-NephewLanl	7 PresleyRoad nam, Maryland	20706
: 1	-04	Militi		-	one couse per line for (a) (b and ic				ATE INTERVAL
3 4	0 1	7		8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		turns	ema		de	and
0 0	\sim		4	IMMEDIATE		101111111111111111111111111111111111111		Λ		
don't	255	Т	- 1	Conditions, if any, which	DUE TO, OR AS A COU	Shut	no lun	desesse	2 40	er
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10 10	95.4		-1	underlying cause lost	DUE TO, OR AS A CONS	SEQUENCE OF				
4 3	ple erial		- 1	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1:0	
10 01	The house		ž I	(9	man:	Lose	f 1	>		
1 1	1867		2	90 DATE OF OPERATION	PAN CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING	GS USED
25 2	25 5	71	Ĕ		4		/	YES NOT	IN CERTIFYING CAUSES O	OF DEATH?
T to	1048	#	# I	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 1B PART 1 OR PART 2)	
かなり	18 1	2	2	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR				
ding ding	Me Me		ĕ	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TO	OWN COUNTY	STATE
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THE D	2 4 7 5			now the designation may en_	1/6	17/	nd that in my (our) apinio	n death accurred on he d	ate and hour and from the co	ouser stated
REC A	711		1	219. SIGNATORE	view the bady after death.		DEGREE	- F-E	220 DATES	ICNED_
0 1 0	P P			1/2/			RO ATTENDING	MEDICAL STA	FF 1/18	197
THE PERSON	58 F-	7	-	22d PHYSICIAN'S NAME (TYPE OR	PRINT)		In appear	-		2 - 10
HOS PER	ORT THE	#1	- 1	1/ Sutto 150	Er mo		7500 CMBB	4way on !	II OLIBERTA	WAND TO
5 5 5	413-	7	30 P.I	JRIAL, CREMATION, REMOVAL	236. DATE	23¢ NAME OF C	EMETERY OR CREMATOR	23d LOCATION	700	10
RP.		1	(5	Burial	1-20-87		Memorial Cer	CITY OR TOWN	od, Virginia	STATE
-		2	4 FU	NERAL DIRECTOR	1		25a D		256 REGISTRAR'S SIGNATU	RE
	6 60M 7/84 15, 4)		I.	ves™Pearson Fun	eral Homes, Ar	lington	,Va.	the state of the s	Lie Tieridson Pand	lace



J.Wm.Lee's Sons Co.300-4th St., NE, Wash., DC2000

DHMH - 16 60M 7/B4

(VRA 15, 4)

